

GUY'S
HOSPITAL
GAZETTE

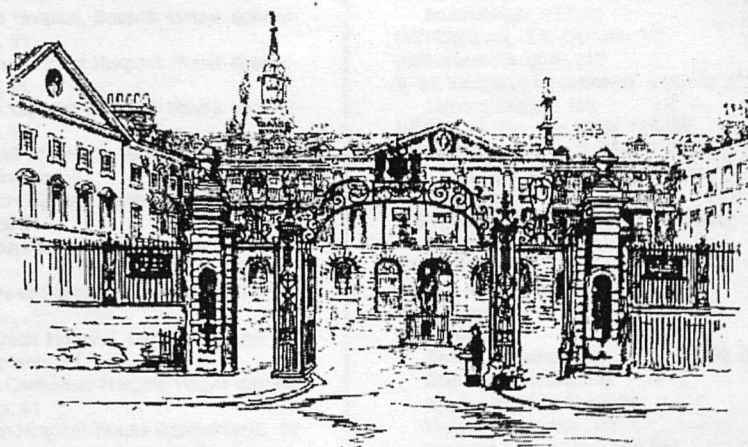
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UMDS



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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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The Army offers medical students much more than just £6,040 a year.

If you are a student, male or female, at a British medical school, you could be eligible for a Cadetship with the Royal Army Medical Corps.

You'll need to have passed your second MB or equivalent. And you'll be required to attend an Army selection board.

But you'll get £6,040 to continue your medical studies in the first year. This increases each year thereafter.

When you become Fully Registered, to prepare you for your first appointment as a Regimental Medical Officer, we will send you on an introductory course which lasts about four months.

This course includes training at Sandhurst, training in administration and field medical organisation at the RAMC Training Centre and in the various aspects of Military Medicine at the Royal Army Medical College at Millbank.

Then, it's six years in the Army, starting with the rank of Captain. By converting to a Regular Commission you can, of course, stay longer, until you're 60 if you wish.

As a doctor in the Army your practice will be much the same as a good civilian one: fully equipped and professionally staffed. You could be working in a group practice or on your own; though you'll be entirely responsible for your own patients, be they soldiers or their families, rather like a busy G.P.

But don't think that, because you're in the Army, your chances for study will be in any way limited.

While still in clinical training, a

number of selected cadets may, with the approval of their Dean, undertake elective attachments at Military Medical Units in Germany, Cyprus, Hong Kong, Nepal or USA.

And you'll have the same opportunities as in civilian life for your post-graduate training in General Practice, Community and Occupational Medicine or one of the Hospital Specialities.

But a doctor's life in the Army doesn't stop there. As an officer, you'll be able to take advantage of a very wide range of sporting facilities.

You'll almost certainly travel abroad, and your social life will be busy too. Many of those you meet and work with will become lifelong friends.

Finally, should you decide to leave the Army on completion of your Short Service engagement we will give you a very useful tax-free gratuity.

How much depends on the length of your initial Cadetship and the amount spent by the Army on your medical training. Regular and Special Regular Commissions are pensionable.

For further details please contact Major General (Retd.) R. N. Evans CB FFARCS, Dept. O714, Royal Army Medical College, Millbank, London SW1 4RJ. Tel: 01-834 9060, Ext 210.

He'll send you our brochure, 'Doctor in the Army,' and arrange an interview.



RAMC Officer



The Clubs' Union has just emerged from the throes of this year's Presidential election. It is pleasing to be able to report that the less savoury paraphernalia of elections – smear campaigns, ballot rigging and so forth – have never been a feature of Guy's elections. Indeed, this year's poll for the top student job was such a civilised affair that few people were even aware of it, the campaign being low-key to a fault. Perhaps the weather could be blamed for the failure of this contest to generate excitement. It is, after all, hard to get hot under the collar about student politics in the current arctic temperatures. It seems to us, however, that the ambient temperature is not sufficient to account for the ice-cold response (*sorry*) to the burning issue of who shall occupy the President's office during the next year. They have elections in Alaska, after all.

The sad fact of the matter is that there was only one candidate for the job. We are sure that he was an appropriate candidate, and we hope that his term of office will be a successful one. So long as the *Clubs' Union News* arrives regularly, neatly typed and on time for our copy dates, he has our support. But an election with only one candidate is not an election. At best, it is a farce; at worse it merely symbolises the passing of the mantle of Presidency from one favoured incumbent to the next, without involving a shred of democracy.

The role of the Clubs' Union is not confined to organising hops and bar staff rotas. Its officers are also there to represent us within the corridors of power of the Medical School. If, from a thousand students, we can muster only one candidate for the post of President, then we have only ourselves to blame if the Clubs' Union is not taken seriously as a political body.

An equally pressing, if somewhat more visceral issue, is the closure of the Spit in the evenings. Students are constantly bombarded by assorted memoranda, threats and, more recently a 25% surcharge intended to dissuade us from using the staff dining room in the Tower. Now, in a masterful stroke of logic, our own dining facilities have been indefinitely closed in the evenings. This move was, it seems, a consequence of the lack of customers, but it was surely not the most sensible option. True, the Spit has never been a centre of culinary excellence, and its prices have always been a bit on the steep side. Perhaps if an attempt were made to put right these flaws, the Spit could attract back some of its custom. At present, those of us who are around Guy's in the evening (including disgruntled and hungry *Passimists* struggling to meet a deadline) have to put up with the dismal food and atmosphere of the Tower Restaurant (a place, cheap though it is, with far less appeal than the Spit), and risk displeasing the authorities at the same time.

News in Brief

Mr. Donald Bompas

A simple presentation ceremony took place in the Medical School just before Christmas for Mr. Donald Bompas in recognition of his service to Guy's when Professor Clark gave him a silver statuette of Thomas Guy as well as a cheque. A substantial sum of money had been contributed by over 200 well wishers and a book containing their signatures as well as letters received by the Dean were also handed to Mr. Bompas. Flowers and a personal gift were presented to Mrs. Freda Bompas in view of her longstanding service to Guy's. Professor Clark thanked Mr. Bompas on behalf of all those who were not present and paid tribute to all that he had done for Guy's and the Medical School.



The Dean making the presentation to Mr. Bompas

Department of Surgery

Professor Ian McColl has been elected to the Council of the Royal College of Surgeons of England, and Mr. Martin Jourdan has been appointed to the Court of Examiners of the Royal College of Surgeons of England.

Evelina Children's Hospital Appeal

In aid of the Evelina Children's Hospital Appeal, a cookery book entitled "Table Talk" has recently been published. All proceeds go to the Appeal. Copies may be obtained (price £2.75 each) directly from the Appeal Office at 23b St. Thomas' Street, or by post from the publishers (add 50p for postage and packing) at Falcon Press Ltd., Falcon House, 97-99 Great Portwood Street, Stockport, Cheshire, SK1 2AS.

Cheques/postal orders should be made payable to "Evelina Children's Hospital Appeal".

Quodlibet Society

The next meeting of the Quodlibet Society will take place on Thursday, 5th February at 5.30 p.m. in the Anatomy Lecture Theatre. Mr. D. R. Baker, the Managing Director of Philips Fine Arts, will speak on "The Fun and Fascination of an Auction".

Everyone is welcome and wine will be served after the talk.

Guy's Hospital Theatre Club

The Theatre Club has decided to widen its activities (and hopefully its membership!) by organising fortnightly "workshops" to be held on Thursday evenings in Boland House. These will include sessions on mime, improvisation, and method acting – everyone is welcome.

Arrangements are also being made to obtain group bookings to West End and Fringe productions ("King Lear" and "Bouncers" are in the pipeline). Watch the notice boards for details.

Lastly, with Spring approaching (hopefully!), the "Path-block" musical is just around the corner. As usual, auditions will be open – more information will be available soon.

Further details concerning any of these activities can be obtained by contacting Caroline Roberts or Franco Moscuza via the Theatre Club Pigeon Hole.

Rugby Club Ball

The Guy's Hospital Rugby Club Ball will be held on Saturday, 2nd May at the Glaziers' Hall. The price of tickets is yet to be announced. Any enquiries should be directed to Jamie Barwell, c/o Rugby Club, Boland House.

Croquet Club

If anyone is interested in joining this fledgeling U.M.D.S. club, please contact Gerry Skailes via Boland House.

Gazette Raffle Winners

The winners of the raffle, drawn on the 17th December, are:

- 1st Prize (£250) – Gina Cumberland, Department of Surgery, Guy's Hospital.
- 2nd Prize (£100) – Mr. J. K. Donald, Bishopsteignton.
- 3rd Prize (£50) – Mr. C. Jenkins, Menai Straits.
- 4th Prize (£30) – Dr. E. S. Bates, Birmingham.
- 5th Prize (£20) – Mr. E. O. James, Dyfed.
- 6th Prize (£10) – Mr. O. G. Davies, Guildford.
- 7th Prize (£10) – Dr. C. A. Higgins, Rochdale.
- 8th Prize (£10) – Mr. K. A. Sheppard, Twickenham.
- 9th Prize (£10) – Dr. T. Hotton, Lewisham Hospital.
- 10th Prize (£10) – Professor Rowe, Guy's Hospital Dental School.

Guy's Societies

Guy's Hospital East Anglian Society. The 1987 Dinner will be held at Corpus Christi College, Cambridge on Saturday, April 4th, under the Chairmanship of Professor Sir John Butterfield. The Guest of Honour will be Mr. Frank Ellis. The cost of the dinner will be approximately £20 per head, and the number of places is limited. Further details will be sent to all Guy's East Anglians shortly.

Guy's Hospital Bournemouth and Wessex Society held their 31st Annual Dinner on Friday, November 7th at the Durlston Court Hotel. Dr. D. M. Carnegie was in the chair, and the Guest of Honour was Dr. J. C. Houston. The society may be contacted via Mr. E. A. Archard, 1 Beechwood Ave., Boscombe, Bournemouth, BH5 1LX.

Guy's Hospital Reunion, Ontario, Canada. In 1981 a highly successful reunion was held in Toronto, and this is to be repeated on Wednesday, May 27th at the Inn-On-The-Park. The occasion will take the form of a dinner to which anyone trained at Guy's would be welcome to attend. A preliminary notice has been mailed. If anyone who would like to attend has not received this notice, they should contact Dr. Richard S. Carruthers at 221 Brant Avenue, Brantford, Ontario, N3T 3JT, Canada.

Guy's Hospital South Wales Society. The Annual Dinner of the society will be held following the England v. Wales Rugby International on Saturday, 7th March. The venue is the Park Hotel, Cardiff. The main guest speakers will be Professor Chantler and Dr. Charles Joiner. Bookings for dinner should be sent by Saturday, 28th February to the Honorary Secretary, South Wales Guy's Society, Glenhaven, Cardiff Road, Taffs Well, Mid-Glamorgan CF4 7PP.

Obituary

R. L. Waterfield (1900–1986)

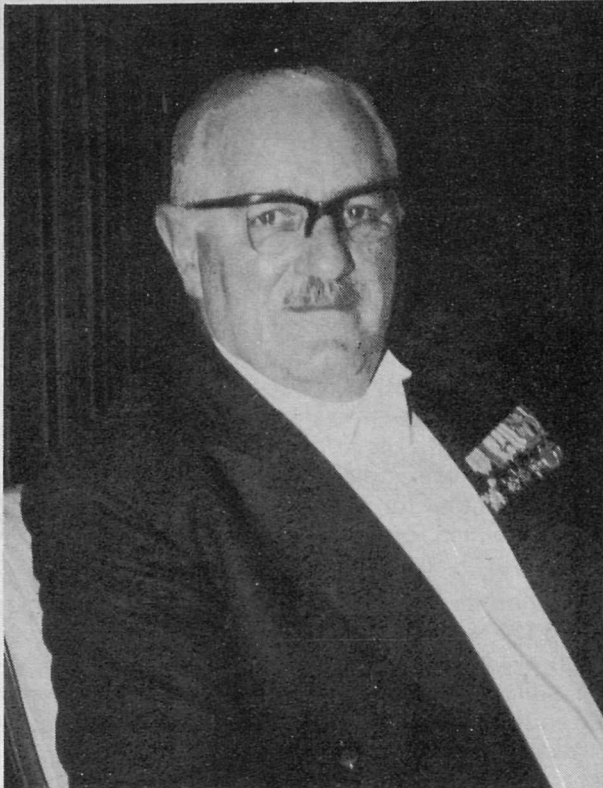
Reggie Waterfield qualified at Guy's in 1925. He spent several years at Johns Hopkins Hospital in the early 1930s, returning to Guy's as a medical registrar. With particular interests in the investigational aspects of medicine, he was attracted to haematology. During the war he was responsible for blood supplies and transfusion in the North Africa campaign. Shortly after the war he contracted poliomyelitis which left him with severe paralysis of the legs. Despite this he pursued his career in haematology. He built up an active department at the top of Hunt's House and was closely involved in day to day diagnostic work and the teaching of students, technical and medical staff. His principal research interest was the accurate measurement of red cell indices and he did much pioneering work, developing the Halometer for measuring mean cell diameter and later the Spherocytometer, which could also be used to determine mean cell volume.

His contribution to haematology reflected a rare understanding of mathematical and physical principles which he applied with brilliance in the field of astronomy. He had become a Fellow of the Royal Astronomical Society while still at school at Winchester and went on to acquire an international reputation. He was a great authority on comets and, among several high awards and honours, he was the first recipient of a medal for work on comets from the Astronomical Society of the Pacific. He was given the highest award of the British Astronomical Association, the Walter Goodacre medal, in 1966.

Many who trained at Guy's will remember him as a somewhat eccentric figure, given to dressing colourfully, who would wheel himself out of the laboratory to teach, often rather brusquely, the art of making good blood films. With encouragement he could be a great entertainer and had a fund of stories largely relating to pre-war exploits and his own medical history. As a student he had infectious mononucleosis, initially diagnosed as leukaemia, and he spent some time fending off those who wanted to comfort the dying. Some years later he developed thyroiditis and, literally, escaped the surgeon's knife, ultimately seeing "the great Professor Riedel" himself in Switzerland. Even his poliomyelitis was atypical and confused the experts. Not surprisingly he was always a little sceptical as to the abilities of his colleagues.

After his retirement he lived in Somerset at "The Observatory" where he continued to devote much of his time to astronomy. Despite failing health he had recently photographed Halley's comet, something he was determined to do having observed it when it last appeared, in 1910. He was a great character, a man of formidable intelligence who loathed pomposity and cant and who achieved much against the odds.

J.A.C.



Francis Edward Pitt-Payne M.B.E. (Mil.), M.B., B.S., M.R.C.S., L.R.C.P.

Francis Edward Pitt-Payne, known universally as Frank, died on 9th December 1986 at the age of 73 after a short illness. He was born on 8th January 1913, the fifth and youngest son of Dr. and Mrs. William Pitt-Payne. He came to Guy's Hospital in 1931 from Epsom College, where he had been Heavyweight Boxing Champion. After qualification in 1936 he was Neurological House Physician to Dr. C. P. Symonds and then followed house jobs at Selly Oak Hospital, Birmingham and the Gloucester Royal Infirmary.

Thereafter, he joined his father and two elder brothers in private practice in the Bromley area until 1939 when he joined the R.A.M.C. Initially he was attached to 139, Field Parachute Regiment. Here too he showed further prowess with the leather gloves by becoming their light heavyweight boxing champion. After that he was attached to No. 5 Base Transfusion Unit, the base supply depot for up to 19 Field Transfusion Units. Frank was O.C. 12 F.T.U. and for his work at the Anzio beach-head received the M.B.E. and a mention in dispatches.

After the war he returned to civilian practice. With the inception of the N.H.S., he refused to join, continuing with his father in private practice. Dr. William Pitt-Payne died in 1953 and Frank went it alone for the next eighteen years until he was joined by his younger son.

Throughout his very active life his constant companion was his wife, Barbara, whom he had met on Front Surgery while still a young student. They married in 1938 and had two children, Michael and James.

To his practice of medicine he brought good humour and his surgery was a place for people rather than patients. He was a very large man who seemed to fill every house he visited. He will be sorely missed by his wife, his two sons and five grandsons.

J.H.P.-P.

Clubs' Union News

Elections

Despite the "Big Chill", the wheels of democracy have started turning and the first phase of the Clubs' Union Elections has been completed. Nigel White, that bastion of the bar pumps, was elected unopposed as president – couldn't somebody else have stood, where were the other 1000 of you? The results for the Vice-Presidents are as follows:

Vice-President (Medical) Bhupal Chitnavis 79

Caroline Killick 150 – elected.

Vice-President (Dental) Alison Dunscombe – 109 elected

Simon Manara 92.

Despite the pervading air of miserable apathy which surrounds all things remotely political here at Guy's, we eventually managed to procure the required number of votes after extending the ballot for a day.

AGM

I sincerely hope that enough Clubs' Union Members (yes – that does mean you!) will see fit to grace us with their presence at the forthcoming AGM (17th February at 1 p.m. in the Ballroom). Remember this is your chance to air any grievances you may have about the way things are run in Boland House – if you don't tell us what's wrong, how can we change it?

Blood Taking

Concern has been expressed by many students about taking blood from patients who are H.I.V. antibody positive. Their attention is drawn to Guy's Unit Circular 36/86, which states (section 8, para. 2) that, as far as these patients are concerned:

"... blood should be drawn ... only by designated staff who are trained and experienced. Students do not fall into this category."

Charities Week (23rd January – 1st February)

As we go to press, Charities Week is about to take place. Highlights include: a sponsored hitch-hike with prizes, an auction of original art work including some cartoons, the return of the real ale night with a pub pianist for entertainment and, of course the inevitable hops and dressing-up days.

The money this year is going towards the Ronald McDonald House, for the families of sick children to stay in while the children are in hospital.

Union Shop

The Union Shop is now selling Keeler pocket ophthalmoscopes and diagnostic sets at what we hope are knock-down prices.

Gerry Skailes
President

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are February 11th and March 11th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Thomas Guy's Bookshop in the City

by Dr R. K. Knight

An interesting ceremony took place recently in one of the best known and busiest parts of London. At the junction of Cornhill and Lombard Street, close to the Royal Exchange, watched by the Old Lady of Threadneedle Street and the mounted Duke of Wellington, stands the Head Office of the Royal Insurance Group. It is not widely known that on this site Thomas Guy lived and conducted his business, a bookshop, for fifty-six years. A handsome plaque commemorating this was unveiled by the Lord Mayor of London, Sir David Rowe-Ham, on the 24th November.



Unveiling by the Rt. Hon the Lord Mayor of London, Sir David Rowe-Ham, GBE of a plaque on the Royal Insurance Company's headquarters on the corner of Cornhill and Lombard Street commemorating the site of Thomas Guy's home and bookshop from 1668 to 1724.

The Dean of the U.M.D.S., Professor Clark addressed a group assembled on the pavement outside the Royal, consisting of representatives of Guy's, the Schools, the University, the City and various bodies with whom Guy had been associated. He welcomed the gathering and briefly outlined Guy's achievements before inviting the Lord Mayor to unveil the plaque. In his reply the Lord Mayor revealed a surprising amount of detail concerning Guy's business acumen and activities in the City. Very well briefed, he was even able to comment on the quality of his investments. Guy acquired the lease of this fine site in his early twenties. He first sold, and later printed, Bibles. Hard work and shrewd business sense brought prosperity and his great benefactions later in life, the greatest, of course, being the founding of our hospital, are now well known.

During these speeches a number of passers-by had stopped to see what was happening and the small crowd gradually enlarged. At one point a youngish man (not wearing a city suit) thrust his head into the semi-circle and, somewhat misjudging the nature of the occasion, shouted "Capitalist bastards!", stuck out his tongue and walked briskly away. Fortunately his words were carried away on the wind and muffled by the sound of the traffic thereby failing to interrupt, or even ruffle, the proceedings.

After the ceremony the participants were entertained to refreshments by the Group Chief Executive of the Royal, Alan Horsford, who, adding to his company's generous hospitality, marked the day by presenting the Dean with a magnificent cheque for £5000, to be used for research into genetic diseases.



Mr. A. Horsford, Chief Executive of the Royal Insurance Company, presenting Professor T. J. H. Clark, Dean of the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals with £5,000 for scientific equipment for research into genetic diseases to be carried out in the Paediatric Research Unit at Guy's Hospital under the aegis of the Generation Trust.

The Kidney Patients' Association of Guy's Hospital

by Alec Schwartz

The Kidney Patients' Association of Guy's Hospital was originally constituted in 1981 under the title Guy's Association for Renal Patients and was known as GARP. The name was subsequently changed to its present form which is the pattern observed by most members of the National Federation of Kidney Patients' Associations. For short, we are known as Guy's KPA, or within the hospital as the KPA.

The idea of forming a KPA at Guy's was first mooted by Barbara Allen who, until recently, was the Unit's Home Dialysis Administrator. Other units up and down the country had their own KPAs but Guy's had not. What those KPAs were doing for their members was then being done for Guy's kidney patients by the Renal Unit itself.

An inaugural meeting quickly accepted the fact that the time had come for our patients to run their own show. A constitution was adopted, a committee formed and the Association's aims and objectives established. Patients were invited to join and participate in the work of the Association, and before long membership had reached significant numbers. Fund-raising got under way and a start was made on taking over from the Renal Unit those tasks which elsewhere formed the responsibility of a Patients' Association.

The Association's constitution calls for kidney patients to be in the majority as officers and members of the committee, others being spouses or relatives of existing or former patients, or friends of the Association. All are elected annually and are volunteers. The committee has the power to co-opt. Ordinary membership is open to patients, relatives and friends. Volunteer management and the help generously given by friends has enabled the KPA's administration expenses to be limited to little over 1% of all sums raised.

The KPA's prime aims are to generate the maximum possible unity among patients resulting from mutual support and understanding, and to raise funds whose application is judged best to serve the interests of all Guy's renal patients whether members of the KPA or not.

Members are widely dispersed throughout the southern counties and even further afield, but many attend two principal social events held each year in the Robens Suite of the Tower block. They are the KPA Christmas Party and now, traditionally, a Midsummer Party primarily to do honour to our London Marathon runners for the current year. These splendid occasions, both heavily subsidised by the KPA, are made possible by a truly dedicated team of volunteer helpers who prepare a sumptuous repast, run the bar and clear up afterwards.

All members are kept in touch by issue of a newsletter published six times a year which is also sent at least once a year to patients who are not members. A recent development has been the establishment of patient

support groups especially directed at CAP-D (continuous ambulatory peritoneal dialysis) patients and the parents of paediatric patients. The KPA now finances outings for CAP-D patients which are greatly enjoyed.

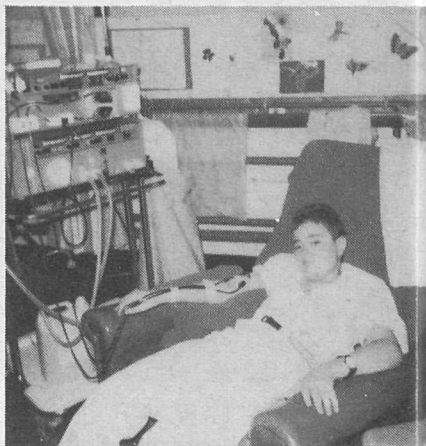
Guy's KPA took over from the Renal Unit the maintenance of two non-residential holiday dialysis caravans, one at Christchurch and the other at Exmouth. These give patients who normally dialyse in their homes the opportunity of doing so conveniently near to major south coast resorts. Though usually housing just one dialysis machine with beds for patient and spouse, the Christchurch caravan has, during the past two years been manned for a fortnight in the summer by Renal Unit nurses with three dialysis machines. This has given patients who dialyse at Guy's the chance of taking a seaside holiday for probably the first time in many years. Up to 12 patients can each have a week's holiday in this way. Travel expenses and accommodation for all nurses involved and for patients needing help are financed by the KPA.

For greater mobility still the Association has added to the Unit's stock of portable dialysis machines which enable patients to spend their holidays almost anywhere. Apart from vacations being taken in the UK, many patients have spent holidays in Europe, some in North America and one even in Kenya which included a safari deep into the bush. Airlines usually carry the machine and disposables free. Thus, these days even kidney patients may feel the world can be their oyster.

In addition, each year the KPA organises and finances a summer holiday for children who are patients of the Paediatric Renal Unit. These holidays are cost-free and over the years have included many continental day-trips, helicopter flights, riding, sea fishing, as well as visits to major fun-fairs, zoos and zoo parks, stately homes and other places of entertainment or interest. Numbers vary from year to year, but on one occasion 14 children were given this opportunity. Renal Unit nurses provide close supervision which also entails escorting some children to and from the resort to Guy's thrice weekly for dialysis. The KPA usually supplies a helper.



On holiday with Guy's KPA



Dialysing at Bostock House

Beyond all such direct benefits for patients, the KPA also makes contributions towards the Unit's welfare fund for distribution to those in need at the discretion of the social worker, either for day-to-day help or for assistance with holiday costs.

However, when all is said and done, by far the greatest benefit any patients' association can provide for its members (and for those patients who are not) must be to help them get better more quickly or more certainly. Therefore, with this end in view, much of the KPA's energies have been directed to the provision of up-to-date equipment which otherwise would have been beyond the resources of the Renal Unit. Since being formed, the KPA has been able to spend almost £200,000 in this way. Much of this money has come from donors who specially request their gifts to be used thus, since the effect is to help the greatest number of patients over the longest possible period.

As a registered charity no. 285086, we are exempt from income tax and from VAT on purchases of medical equipment. Registration also enables us to recover standard rate tax paid by donors on sums covenanted to the KPA. An annual covenant of £100 is thus transformed into £140, heavily underlining the wisdom of this form of giving.

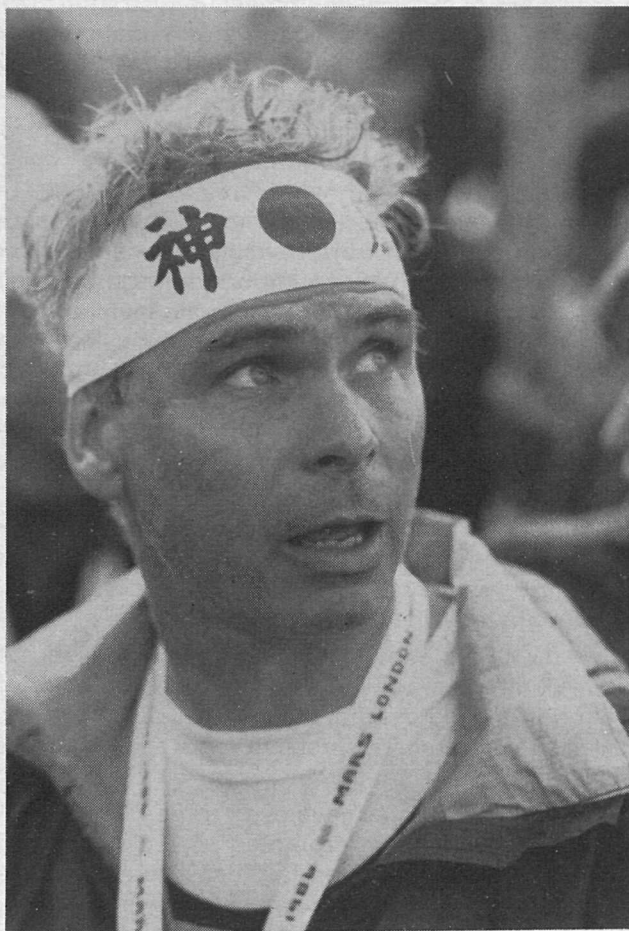
Notable items of KPA expenditure include the £40,000 contribution towards a Facstar Blood Cell Separator/Sorter recently installed in the tissue-typing laboratory, which sum was increased to £52,000 by a grateful kidney patient. This invaluable machine, among other things, can instantly analyse blood specimens taken from transplant patients to monitor their progress. It is also destined to play an important research role into certain forms of kidney disease. A further £11,500 was spent on an ultrasound machine used mainly in connection with kidney biopsies. Then collective sums, amounting over the years to £85,000 have been allocated for kidney machines, and £20,000 to buy electrocardiographs. Very many less costly items, all nevertheless contributing to the quality of patient care, have also been bought for the Unit by the KPA.

Patient entertainment has not been neglected. Bostock House Dialysis Unit was recently supplied with a multiple television system complete with head sets, giving all patients the opportunity of viewing without causing annoyance to others wishing to sleep during dialysis. A number of sets have also been bought for Astley Cooper ward.

Fund-raising for all the above has been a major task, but thanks to an extremely active committee as well as the great generosity of numerous kind-hearted supporters and donors, the KPA has achieved all this and still kept its head well above water. The first five years of its existence have been years of real progress.

We are now setting out to achieve even more. The recent approval of Phase III of Guy's re-development prompted an appeal by Dr. C. G. Ogg to the KPA for help to provide enlarged facilities and extra beds in the new Renal Unit. There was an immediate response. Guy's KPA pledged itself to raise £1,000,000 for this purpose over the next four or five years.

An early event through which the KPA hopes to make a significant start on this major fund-raising task is the 1987 London Marathon. No less than 100 runners willing to attract maximum possible sponsorship are needed to give our appeal the dramatic send-off it needs. It is hoped that runners studying or working within the Guy's Hospital district who have been awarded places will rally to the KPA. Full details of promotional items are available from Jack Wilmot, 161 Ashen Drive, Dartford, Kent DA1 3LY (0322 25076 or 0273 514700). It is worth noting that the total raised for the KPA by runners and their sponsors in the past four London Marathons has exceeded £100,000. They are due our most grateful thanks. The Unit's own Professor Stewart Cameron will be running again this year – his fourth outing for our cause. We very much hope he may be joined by many from other departments at Guy's. If not allocated a place, runners may persuade their friends having one to run for us.



Professor Stewart Cameron after completing his third London Marathon for Guy's KPA

A Guy's contribution which greatly warmed our hearts was made by the School of Physiotherapy whose 1984/85 Charity Ball proceeds were devoted entirely to the KPA. If other faculties at Guy's were to make such a gesture during our current major appeal, this would be enormously appreciated.

Much of what has been achieved by Guy's KPA has been due to the excellent stewardship of Don Jones, our first Chairman, under whose direction the Association was formed and its foundations laid. Unfortunately Don died only shortly after the KPA was launched. His successor was Frank Cosans whose administrative and professional experience as a banker in the City of London, coupled with warm humanity and concern for all, ensured the Association's progress to its present high standing. Sadly he too died after just two and a half years in office. Both were kidney patients. The present Chairman is very grateful to his predecessors and to all who have so generously worked for, or given to, Guy's KPA.

Guy's – Johns Hopkins Exchange 40th Anniversary Reunion

by Dr. R. K. Knight

An informal link between Guy's and the Johns Hopkins Hospital began before the War. Among members of the Guy's staff who spent time in Baltimore in the thirties were Dr. "Reggie" Waterfield and Dr. J. J. (later Sir John) Conybeare. During the War, Brigadier E. R. (later Sir Rowan) Boland of Guy's and Colonel Perrin H. Long of the Hopkins found themselves working together in the allied armed forces in the Middle East. From this association came the suggestion that members of the staff of both institutions should take part in exchange visits, and this came to fruition in 1946.

Last summer in London, a large group of faculty members and their wives from the Johns Hopkins met present and former members of the Guy's staff, who had taken part in the exchange. The occasion was marked by a series of social and mildly academic meetings on the 11th and 12th of June. At that time, early in the summer, there was a striking reluctance on the part of many Americans to cross the Atlantic because of the anticipated threat of retaliation after the bombing of Libya. British Airways were so pleased to find a group of intrepid travellers coming from Baltimore that they put on a warm and generous welcome. Perhaps the Hopkins – accustomed to leading – played a part in encouraging the flow of visitors from the U.S.A. which increased later in the season.

The reunion began with a party at the Dickens Inn by the Tower. The Johns Hopkins visitors were the hosts and the guests were greeted by the Dean, Dr. Richard S. Ross, and Mrs. Ross. There was a splendid buffet and plenty of refreshment in an atmosphere of exuberantly renewed friendships. Mostly it consisted of old friends meeting again, sometimes after many years, but Dr. Ross and Professor Clark, the two Deans, who looked at one time as if they were going to do a song and dance routine, made short, witty speeches, told some good jokes and then let us get on with the party. Dr. Ross, whose boundless enthusiasm had led to the reunion, distributed gifts to all who were present. These were ties for the men and scarves for the ladies, specially designed (by himself) combining the Guy's and Hopkins crests with the 40 years motif. Afterwards everyone split up into small Anglo-American groups to attend separately arranged parties.



Johns Hopkins Dean, Dr. Richard Ross.

On the next morning there was a meeting in the Tower Lecture Theatre chaired by Dr. Mann. We were again welcomed by the Deans and listened to a series of paired reports and reminiscences from members of Hopkins' and Guy's staff working in similar fields. Professor Maurice Lessof and Dr. Larry Lichenstein gave an account of their co-ordinated trans-Atlantic research into bee-sting allergy, only in the case of the American insect it was an extremely nasty and aggressive looking creature, rather like an American football player.



Dr. Mann, who was later to receive a Johns Hopkins University honorary degree, chairing the morning session

The early years of the exchange coincided with great advances in cardiology and, particularly, cardiac surgery. The contributions of the Hopkins and Guy's in this field were immense, led by two giants Alfred Blalock and Russell (later Lord) Brock. Two modern, world class exponents in this field, Vincent Gott and Alan Yates, talked about their own experiences and reminded us of the contributions made by their illustrious predecessors. These were moving talks, illustrated by photographs and recorded interviews with Blalock and Brock.

Henry Wagner and Michael Maisey gave beautifully illustrated presentations of their up-to-the-minute technology in the field of imaging using PET and MRI and it was reassuring to the impoverished Londoners to feel that at least in some fields we are still able to make real advances.

Just before lunch in the Robens Suite, Sam Asper and George Scott entertained the audience with polished wit, and recalled many of the happy events that had happened over the years of the exchange. Dr. Asper referred to the Guy's registrars who, in the past, used to spend a year at the Hopkins. Many of them worked in his department and to see them now, as ageing physicians in different parts of England, no-one would suspect that they had at one time played with rat diaphragms or goldfish eyes.

The afternoon meeting was chaired by Dr. McGhee Harvey, the only person to have made the exchange twice (in 1946 and 1971). This session consisted of a review of the future of our two Hospitals in times of limited resources but undiminishing needs, provided by Dr. Robert Heyssel and Mr. Peter Griffiths; and a thoughtful look at the roles of teaching and research, and how best to meet the needs of the two Schools in the contexts of medical education in the U.S.A. and U.K. provided by Dr. Ross and Professor Clark. After tea the participants departed to prepare for the festivities in the evening.



Lunch in the Robens Suite. Among those present are Drs. Houston, Joiner and Scott. Mr. Rex Lawrie talks to Dr. Sam Asper (backs to camera)

The final event was a formal dinner in the magnificent surroundings of the Fishmongers' Hall. The many guests associated with the exchange over the years were received by Lord Marsh, Chairman of the Guy's Special Trustees, and Lady Marsh. After the reception we were piped into the glittering Dining Hall. Towards the end of dinner came the medieval ritual of the Loving Cup, familiar to habitués of livery dinners, but a complicated and mysterious performance for most of those present, each of whom drank from the huge silver goblet, passed it to his neighbour with a bow and then stood guard over his unprotected back while he, in turn, drank.

The toasts and speeches followed. The Chairman, Lord Marsh, gave a short speech of welcome and thanks, particularly to the Clothworkers who had sponsored the exchange for many years. Dr. Ross, acting on behalf of the President of the Johns Hopkins University, Dr. Stephen Muller, then conferred the Honorary Degree of Doctor of Humane Letters on Dr Mann who had been unable to travel to Baltimore to receive it. In his elegant speech of thanks, Dr. Mann outlined the history of the exchange and paid tribute to the much valued bonds between the two institutions that had emerged over the years. Dr. McGhee Harvey rounded off the evening with some splendid stories which sent everyone home in good humour.

It had been a conspicuously successful and enjoyable reunion thanks to Dr. Ross who thought of it, and due to the meticulous planning of Dr. Blake in Baltimore and, at the London end, the incomparable Mr. Bompas whose feet did not touch the ground for the entire two days. There is talk of a 50th Anniversary reunion in 1996. That should be really something.

An Inspector Calls

reviewed by our Theatre Correspondent

"An Inspector Calls", by J. B. Priestley, appeared to be an odd choice for the Theatre Club's Christmas production. Fusing "whodunnit" with ghost story, heavily laced with rather pedestrian social comment, the play catalogues the means by which a wealthy industrial family, via the usual media of lust, greed, etc, contributes to the suicide of a working class girl. The ghostly inspector Goole unravels the network of blame which, it transpires, enmeshes the entire family. However, the play now seems distinctly dated (it was written in 1945), and its message, that "We are responsible for each other . . . if men cannot learn that lesson then they will be taught it in fire and blood and anguish", although incontrovertible, is hardly startling.

Despite these obstacles, the Theatre Club produced a highly creditable performance. Caroline Roberts' direction gave the play sufficient pace to overcome even the potentially turgid first act. David Bailey's performance as the Inspector (surely drama's most tenacious party-pooper since Banquo's Ghost) was precise and appropriately ice cool, although lacking, perhaps, in some of the magnetism which the part demands. The difficult role of Arthur Birling was ably handled by Franco Moscuza, and in the final act, sparks flew between him and Eric (Martin Fisher in superb form). The most outstanding performance was from Sarah Diederich as the volatile Sheila Birling. She held the attention of the audience whenever she was on stage, and succeeded in conveying high emotion without a hint of over-acting. Paul Halliwell as Gerald Croft, Kate Eccles as Sybil Birling and Sheena Pollock as Edna all provided more than competent support. Kae Bennetts produced and with Kim Robbins (who provided the costumes) and Daranee Boon managed to rustle up a magnificent set at the very last moment.

Although at first the audience seemed unsure of whether they were watching a rather dated light comedy or a serious play (through no fault of the acting, more the script), the Theatre Club's production provided a pleasant evening's entertainment. We wish them every success in their future projects.

The B.M.S. Revue 1986

not reviewed by our Theatre Correspondent

This is written by a surrogate since the exigencies of clinical practice rendered it impossible for your real theatrical correspondent to arrive in time. For this battle-scarred veteran of many previous such evenings the contrast with the last two years' efforts was so marked that your real correspondent's lateness affords an unexpectedly pleasant opportunity.

Firstly the organisers must be congratulated on revising the format of the evening. How much more sensible to start at 6.30 with food and drink. This is a time when people are hungry as opposed to ravenous (let alone provoked by an inept stage show into a frenzied semi-riot at 9.30). Angela Feazey and her cohorts produced and served a well laden buffet which gladdened the hearts of those of us who equate dietary and moral fibre. The £5 ticket included five "free" drinks. Although there has been enormous progress in the technology of cheap wine production in recent years, the vintage chosen demonstrated that there is still room for improvement. But must not be churlish – it slipped down a treat and I didn't taste the glycol.

At 7.45 prompt (as per programme) the revue started. The audience was gripped as one of the slickest productions recently to grace the Guy's stage slipped anchor. Eighteen well-rehearsed sketches followed one another with prop changes of such precision that a brief moment of darkness was all that was needed. The only signals from the audience were those of contentment.

What do *you* look for in a BMS revue? I look for medical humour, satire, inevitable take-offs of preclinical teaching staff and lots of girls with fish-net tights. In the first three respects this was a worthy successor to the high standards established by Clive Handler (1972), Tim Lancaster (1979) and Charlie Clemetson (1981) and 95% of it was in the best possible taste.

I will attempt, despite the difficulties, to single out highlights from the entertainment. The only musical item (aside from a dubiously interpreted mime to Sky's "Tuba Smarties") was a well-performed "Grease"-derived song "Summer Exams" (most of the cast). The sharpest satire was "The Boutique" or anorexia rules (Laddie Smith and Heather Wilson) while "Hocus Pocus" and "The Fresher" were vehicles for a talented and entertaining magician (Reza Hosseinpour). Although I felt that more could have been made of the "School for Lecturers", medical humour and take-offs of preclinical staff were combined in a number of sketches from which only Pharmacology escaped unscathed. Skilfully lampooned were the largest male member from Physiology (Mark Thurston), the Student Health Officer (Andy Williams) and the only bearded Biochemist (Mr. Thurston – again!). Biochemistry has moved on from ptyalin and old yellow enzyme – there's spongecakeidase now! The sketches were enlivened by sporadic appearances of THE DEAN – if it wasn't THE DEAN it was a clone who had raided his wardrobe – thus accounting for the high level of good taste. The Finale (all the cast) ended to thunderous and well-deserved applause. The ghost of the last two years has been well and truly laid.

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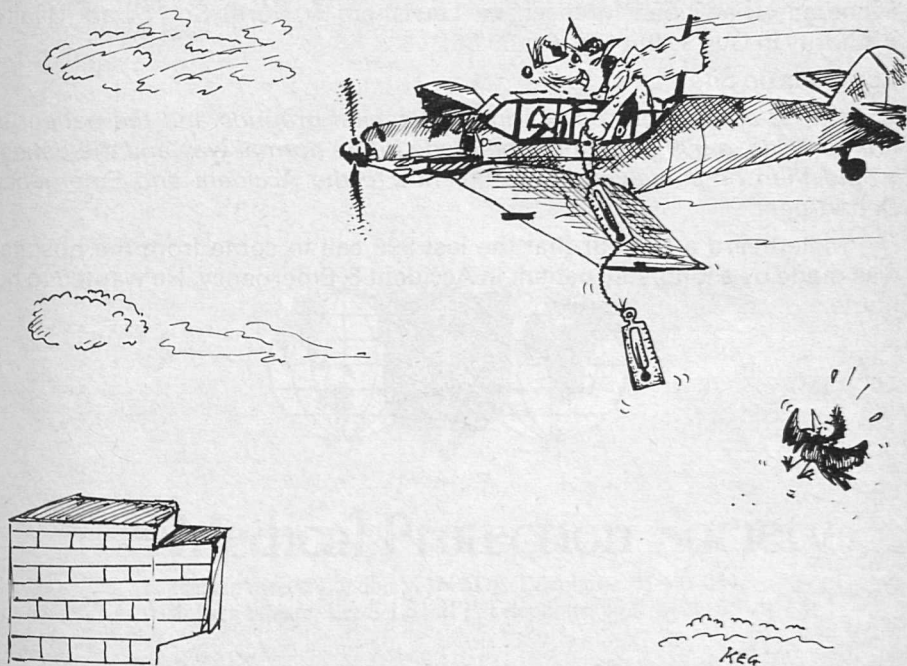
Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Mole and Ratty

Ratty

Ratty has not had much time for writing in recent months. During the summer and autumn he has been busy doing surveys, and thinking – something which his older friend Mole is not very good at.

Disappointed by the lack of response to his grottness report he had turned his attention to the environmental temperature. Although most people have forgotten what the spring was like Ratty had observed that it was unusually warm around Guy's, and had taken to the air with his thermometer to make some measurements. Finding that the air above the hospital was some 10°C. warmer than other parts of Southwark he studied the local source of heat – the boilers. He discovered they emit so much heat that in conveying steam below ground to the Medical School a strip of grass in the Park gets cooked, and if Mole is not careful he singes his whiskers. The boilers are so powerful that placed on end they could send the Tower into orbit, but as they are laid horizontally they *could* move the entire hospital down the Old Kent Road into Kent. He wonders if this is what the DHSS has in mind.



Ratty measures the air temperature over North Southwark.

Another event which had intrigued Ratty was the defoliation of the Medical School. This began with the arrival of some very upmarket scaffolding. Far better than the stuff used to prop up Hunts House several times in the last few years. And, Ratty concluded, from the speed at which it was erected, Mr. Bompas and Mr. Wheeler were putting it up themselves. It has not come down as quickly (at the time of writing) which might be because Mr. B. and Mr. W. have now retired. In the meantime the Virginia creeper has been pulled down to reveal a red brick building no-one has seen before.

As he reflected once more on the smartness of the School – inside *and* out – Ratty wondered if he could make a start on the grimy walls of Hunts House, since no-one else seemed interested. Sadly, he thought it might be unwise, since it was probably the dirt that was holding it up.

Mole

Meanwhile, emerging in the sunlight in the Park, Mole looked up at the heavens, blinked and blinked again for he couldn't believe his eyes. He was much alarmed to see an antique aeroplane circling erratically over the old Alma Mater. He was even more alarmed to recognise the pilot – none other than the loopy Baron von Rattyhoven.

What was Ratty up to with his scientific instruments dangling from the cockpit? He must be carrying out one of his mad experiments, but he looked more in danger of crashing into one of the plane trees. Mole wisely prepared himself for urgent action and he knew exactly what to do. Such an eventuality had been foreseen by Lewisham & North Southwark Health Authority in Guy's Unit Circular 39/86:

Accidents on Site

"... if an accident occurs in the hospital grounds and the patient is immobilised, a 999 call should be made in the normal way and the patient would then be conveyed by ambulance to the Accident and Emergency Department."

Mole heard a rumour that the last 999 call to come from the hospital was made by a long-stay patient in Accident & Emergency. He wanted to go home.

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Medical Notes

This is the first of a series of regular contributions to the *Gazette* from the Clinical Superintendent, intended to keep its readers in touch with events and issues of current concern at Guy's. Comments from readers, polite or otherwise, will be welcomed and should be sent to the Superintendent's Office.



The architects' model of Phase III

The best news heard at Guy's for many years reached us shortly before Christmas, when the Secretary of State announced that he had approved our Approval in Principle Submission for the major rebuilding project known for all too many years as Phase III. In this development we will replace those wards, departments and services currently in Hunt's House in

such a way that all the services providing care to acutely ill patients will be located within the one complex of buildings lying to the east of Great Maze Pond Road. Nobody will mourn the passing of the Out-patient Department, and the provision of bathrooms and lavatories to the wards in Hunt's House has, to put it very politely, been grossly inadequate for many years. Hunt's House itself is a handsome enough building on the outside, if it were stripped of its accretions, but sadly it will probably have to be demolished to comply with the Planning Regulations. In stark contrast to Guy's Tower, the new development, which will wrap around its north and east aspects, will probably only be four storeys high, the contrast between the two being an eloquent witness to the change in fire regulations affecting the building of hospitals in recent years. Nevertheless, the new building will be very much in scale with the original hospital, and there will be an entrance at first floor level from the concourse of London Bridge Station carried by bridge over St. Thomas's Street into the new Out-patient Department. It will be perhaps seven years before the building opens, and there is an immense amount of work to do, but nevertheless the Minister's approval signifies the firing of the start gun, and there will be frequent reference to progress on this scheme, which is so vital for the continued future of Guy's, in these notes.

Back to the here and now, and the savage weather of the last month has served to underline, as if we needed any reminder, the terrible problems Guy's is facing as a result of waves of bed reductions over the past few years. Redistribution policies, both national and regional, have been taking money away from central London at a stupefying rate. In the past eighteen months Guy's has shed 350 staff, including doctors, and with that the ability to service the number of beds we used to enjoy. We very quickly found that simply closing a ward did not result in the predicted level of savings, and that a more productive approach was to reduce staff (since staff salaries account for 70% of our spending) and then see what level of service we could maintain. In the same breath as the Minister announced Phase III, he gave his approval for the closure of New Cross Hospital, which will finally shut its doors in the Summer. The services formerly housed at New Cross will have to be squeezed into existing buildings at Guy's and Lewisham, but inevitably with the loss of large numbers of beds. Guy's continues to treat large numbers of patients who live all over south-east England, but we are increasingly finding it impossible to offer timely admission to those on the waiting list, and the new phenomenon of "bumping" has become a feature of the hospital scene throughout London in the last year or two. This refers to the frequent necessity to send patients home who have arrived in the Hospital for an elective, usually surgical, admission, because the bed assigned has had to be used for a medical emergency. It is an inevitable consequence of running a hospital at 95 to 98% occupancy, and it is proving to be a most difficult problem to eradicate. Endless discussions and arguments continue about present and future allocations of beds as between the specialties, with numbers in some instances falling below those required for the teaching of medical students. Out of all this misery, two helpful and productive initiatives are emerging in the form of an observation ward in the Accident and Emergency Department, and a small

day care unit which will serve us until the much larger one planned for Phase III is able to open. The former should enable us to keep some social admissions, head injuries and other such cases out of established beds in the Hospital, and will also assist materially in the planning of bed use. The day care unit will enable us to undertake minor procedures without admitting the patient to hospital at all, and hence save the precious beds for those who really need them. These developments will be funded by some money recently released by the DHSS for transitional and waiting list reduction schemes, generously assisted by the Special Trustees.

You may perhaps have seen in the national press a recent report that the private beds at Guy's in Nuffield House are to be run in partnership with one of the firms providing private medical treatment. The negotiations have been lengthy because this arrangement has been turning over new ground in the National Health Service, but they have now been concluded, and an agreement has been signed with the Hospital Capital Corporation. This company will put up £4 million for the substantial rebuilding of Nuffield House to modern standards of private care. The Hospital will sell a number of services to this joint venture, and should ensure in due course that the Hospital enjoys a revenue of perhaps £500,000 which can be used to support its NHS activities. This arrangement is imaginative and exciting, since it will increase NHS income at Guy's, ensure the jobs of some of those who work on the site which might otherwise be at risk, and provide all the facilities on site for private practice.

Last but not least, any of you who have had occasion to try and ring Guy's in the last few years will be delighted to hear that the Telephone Exchange is to be replaced. The telephonists have been managing to cope somehow, at least most of the time, with grossly outdated equipment, which is now beyond maintenance and is kept going only by cannibalising parts of the equipment. The trouble is that it will cost over £1 million to replace it. The sad state of the Exchange is but one of many examples of the sorry state into which our capital equipment and building stock have fallen in recent years, in the main as a result of a succession of conscious decisions to protect the volume and range of clinical services offered to patients. Such a policy, though understandable, ultimately comes home to roost and we are now making strenuous efforts to repair some of the past dereliction. Nevertheless, in an age of cash limits which are not sensitive to the amount of work done, putting the fabric and equipment at Guy's back into proper condition is bound to affect our clinical services to some extent.

Max Rendall

Clinical Superintendent

Dental Notes

Centenary of the Dental School

While most of us are busy preparing for the impending Clinical Day on Saturday 7th March, thought is also being given to plans for the special occasion in 1989 when the School will be celebrating its 100th birthday.

Guy's was the first hospital in London to appoint a dental surgeon, Joseph Fox in 1799. He advised on treatment and lectured on Dental Surgery for the Medical School. By 1888, after several dental surgeons had made notable contributions to the advance of dentistry at Guy's, there were two Dental Hospitals already established elsewhere in the capital, one of them being of course the Royal in Leicester Square. Newland-Pedley at this time was in charge of a dental department here with only two solid wooden chairs, each having only the head rest as an adjustable part. Little more could be done than providing for extractions, but using his own earnings, he bought instruments and materials in order to offer conservative treatment to selected cases. The demand outstripped what he could supply.

The other two purely Dental Hospitals contended there was no call for yet another. They argued that any scheme for a Dental Hospital at Guy's was unnecessary. Newland-Pedley countered this by sending them a continuous stream of patients in such large numbers that eventually they wrote begging him to refer no more. They were unable to cope. Triumphantly he produced the letter and in December the Governors of Guy's agreed to his request. In January 1889, Montagu Frank Hopson was



The Conservation Room of the old Dental School in Guy's at around the turn of the century

enrolled as the first dental student of the School. His portrait hangs in the Committee Room on floor 27. Twelve wooden operating chairs of the latest design were installed and the title "Conservation Room" was coined – a name subsequently adopted everywhere.

Almost 100 years later, the Dental Hospital is in such financial straits that again we are turning away referred patients, although still extending waiting lists with those regarded as our longstanding responsibility.

The South East Thames Region does not include Guy's Dental Hospital or King's in the recent Consultation Document on Multi-District Disciplines. Obviously teaching dentistry is therefore regarded separately from provision of a service commitment towards the general dental services. A result of the merger and increasing charges to the patient in general dental practice has contributed to a rise in attendances by 38,000 since 1984, bringing the total for 1986 to approximately 200,000. This has nowhere been matched by additional funding. Quite the reverse has happened. Cuts are continuously made. The Unit Executive is totally unmoved by any argument which may take funds away from other Guy's directorates. Our instructions are to live within the allocation, however inadequate, with the suggestions that this can be achieved by cutting patient numbers, reducing post-graduates or charging them for the materials and instruments they use on NHS patients! At least Newland-Pedley's ghost must be smiling at that suggestion. Additionally there is the option to reduce staffing even beyond our already unacceptably low level. If not, then all vacancies will be frozen until such time as we come into balance.

A Government Committee has been appointed from the University Grants Committee to visit all the Dental Schools with a view to looking at manpower control in the profession. The visitation to Guy's is imminent. It may be that the future of teaching at Guy's is again itself under close scrutiny, as it was in the days of Flowers. There is widespread belief that it was only the existence of the Dental School on this campus with its international reputation which gave protection at that time. After that reprieve protection was further assured by the various mergers.

But after Flowers comes Fowler. Are we again under threat? Is there not a case for handing over the funding from Government totally to the University, so as to place teaching and its service commitment in the correct relationship? It would be up to the Dental School to buy from District whatever backup it needs by way of on-cost services. One service it would be more than happy to administer for itself would be the purchasing and supplies system conducted by an arthritic polyjointed method currently used by the District. It bears repetition *ad nauseam* that Dental Hospitals exist nowhere in the UK without a School. It is the undergraduates or postgraduates who carry out the treatment, quite unlike the situation in a medical school. To equate the allocation with either the community or general dental services is a complete nonsense.

If the reputation of Guy's in the service of dentistry to the patient is not to suffer more than it does certainly at the present, this financial downward spiral must be stopped.

Medical Protection Society Prize

The undergraduate elective prize valued at £500 has been awarded to Patrick Sequeira who is also Honorary Secretary to the Dental Society.

Society of Authors' Astra Prize

The prize for medical writing has been awarded to Professor David Poswillo jointly with Mr. Derek Henderson.

Linnaean Society

A fellowship of the Linnaean Society has been conferred on Professor Keith Mortimer.

Research Grants

Two generous contributions to further dental research in the School have been received. The Special Trustees and a drug company have made it possible for a pump priming exercise to boost new research and to re-establish a much needed fellowship.

Michael Maberley

Dental Society News

by Patrick Sequeira

The 92nd year of the Dental Society has been running both energetically and smoothly in the last quarter. A new management committee has taken over with Dr. Bernard Smith as President. Elections held in the summer were, as is usual at Guy's, fiercely contested. Patrick Sequeira became Secretary and Karen Rawcliffe was appointed Treasurer. In addition we were fortunate, as is the case every three years, to be able to commission the services of Mr. John Cardwell as Senior Treasurer for the next term.

We have had four committee meetings so far, where discussion has been fast and furious covering topics not only of domestic but also national urgency. Dismay at the closure of the compound on Floor 26 was voiced through the Society to the authorities as 'floorism', and thankfully the problem has been solved. In addition, we have approved in principle a plan for a joint Dental Graduation and Prize-Giving Ceremony at Guy's. Video entertainment is at last, likely to return to Floor 24, a sequel to the improved security status in the Tower. The British Dental Students' Association Journal has finally arrived and is to be distributed by Karen Rawcliffe to each Tutorial group – perhaps this will inspire people to contribute to future editions?

This year's Dental Ball is being organised by Jon Pollard and Rob Simmons who have chosen as their venue the Grosvenor House. They tell me it has recently been spruced up (will this be reflected in the ticket price?). They have selected a main band who can cater for all tastes, apparently called *Penthouse* but for what reason I am not able to disclose. The date of this ever more popular event is Saturday, 11th April, 1987.

The Annual Clinical Day and Dinner are scheduled for Saturday, 7th March and it is hoped that with better weather than last year we might reach that elusive four figure number we have come so close to in recent times. The first Dental Society meeting – the Presidential Address – was given by Dr. B. G. N. Smith and entitled "Populations, People, Patients and Points", in which he humorously outlined the theme of our Programme this year. It was only a shame not to see more Freshers at the event – perhaps they actually tried the pre-lecture tea or was it the temptation of the Natwest Cheese and Wine?

"To cap it all" was the title of our second lecture given by Dr. John McLean, OBE. Apparently someone narrowly beat him to the invention of amalgam, otherwise his catalogue of discoveries in the field of Restorative Dental Science would have been complete. A packed Tower Lecture Theatre listened as he displayed some of his Crown and Bridge cases – duly crediting his technicians and inspiring us all. He exhibited a new and radical approach to filling a Class II cavity and during questioning even discussed postgraduate Garden Lawn Management in some depth. In keeping with past tradition, some of our previous students reported on foreign electives. Firstly Julie Yeung and Annette Kurer told us why they enjoyed Zurich, Switzerland so much. It soon became apparent that Annette spent a lot of time driving in an Austin Healey – with whom we never found out! Zurich students have their restaurant on the roof of their Dental School and spend their free time floating down the local river in dinghies. The prospect of dining on Spit food thirty floors up and sailing down the Thames does not have quite the same appeal!

The second report was from Elaine Parsons and Rosemary Bryan who talked about their trip to Australia – it seems they had a good time, even running into one of our own Senior Lecturers. Perhaps he could show us the real slides?

Finally this term, Professor R. A. Cawson gave his valedictory lecture to the Society: "Recollections of a few years at Guy's". By searching through the Hospital Archives he managed to display many known and some forgotten facts of early Guy's History – including how an outbreak of Hand, Foot and Mouth disease spread through the Old Dental School at the turn of the century. Students and nurses were simultaneously malaised following an evening party – it seems little changes with time!

It is thanks to Dr. S. J. Challacombe that Gateway To Practice occurs every year – indeed this year's event was as successful as any in the past managing to preoccupy (or at least numb) the minds of the finalists before their results. Some, sadly, did not make it, but fortunately most did – congratulations! – only to be seen hard at work for their revue.

The term closed successfully for the Society with our End of Term Hop – organised largely by Simon Manara and friends, with the inevitable Plasma providing the sounds and at last leaving the guests to stagger into the early morning wondering what 1987 might bring for them.

Physiotherapy

*"Oh, would some Power the giftie gi'e us
To see ourselves as others see us".*

Give or take a few anglicisations, Scotland's major poet (after McGonagall) said something like that, presumably when in whatever in his day was called a masochistic mood. A lousy mood, perhaps?

From school days, taking the mickey out of teacher develops into various forms of mocking authority, that ease some of the burden of oppression and give the worm a space in which to turn. Like the other children in the class, like the viewers of Spitting Image, we all enjoy the spectacle of the biter being bit, preferably in a tender spot. But what if you are the authority, the oppressor, the biter? How do you relish the magnification of your every peccadillo and the pointing up of your idiosyncracies?

- a. totally ignore.
- b. with difficulty and gritted teeth.
- c. with an attempt at good grace.
- d. with wry good humour.
- e. with recognition that they have a point.
- f. none of these.

Victims underline the correct answer for instant character analysis.

Until comparatively recently, members of the teaching staff of this School were exempt from public ridicule, though it is inconceivable that private jibes and mimicry were not the joy of past generations of students. Quite who it was who inaugurated the Christmas show – variously put forward as a Review or a Revue, much as the stationery cupboard periodically becomes stationary – is, fortunately, out of mind, but, to judge from successive triumphs, it was a rich vein that was tapped. "I don't know how you can stand there year after year, and take that", someone remarked, this last time – jokingly, one hopes. For how else could you respond – threat of a poor reference in the future? Victimisation in class? Prejudice as an internal examiner? Well, yes, that certainly does present possibilities that might assuage affront and restore self-regard.

Perhaps not . . . Perhaps one just has to accept the truth that lies beneath – a long way beneath, hopefully – the presentation and maybe even modify one's absurdities a little. Holding up a mirror to nature is one thing, but going the full Burns is another, even if it would "from many a blunder free us, and foolish notion".

Ronald Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any person living, or preferably, dead is accidental, and in many cases deplorable.

'Tis with a heavy heart and a woefully tearful eye that the Guy's social arena bade a melancholic farewell last term, to two of its most formidable members.

The first to show a clean pair of heels and step tentatively into the wide, wide world – which does actually exist outside our establishment – was our very own and dearest HGV. . . .

What, pray, can I, a mere and humble guttersnipe, say about this fine and nubile wench? She was, above all, loved by many (take that as you wish), and graced this column frequently – she shall be sorely missed by us all and finding someone else to abuse will prove difficult.

The next to flee did so not wholly of his own accord – let us say he was pointed in the right direction by a higher power.

I would dearly love to mention this fellow's name, however, protocol inhibits me from doing so. We shall, therefore, refer to him as "the bloke with the knife who went a touch overboard last term" or just "Plonker" for short.

This outrageously infantile and "not altogether right in the head" dental student should have been imprisoned in a rubber room long ago. However, he charmed us all with his dainty mercenary tendencies and shall be remembered for his quaint ability to put the fear of God into even the most muscle-bound of us.

An amusing incident occurred when Plonker, during an L.D.S. Viva, was requested by the examiner to explain what he would do if he made an instrument fracture during root treatment and the fragment was left in the root canal. Plonker promptly replied "I never have instrument fractures". Enough said.

I have recently been informed that "Moose", currently brooding aimlessly in the wilds of the Orient, has had rather an

unfortunate turn of events. Prior to his elective, he ignored all sound advice and solemnly refused to have all those painful little injections that one must before trekking anywhere further than Watford. We are now told that Moose has malaria and is not at all well. Get well soon, you old softie, you.

Also heard in the back passages; our venerable obs and gynae. consultant was instructing a student in the art of speculum insertion. The poor chap inserted the device into a nervous and apprehensive patient's nether region and began to converse merrily with the student. After a time, he told the patient that she could go – forgetting that the speculum was still in place. The patient left his office sheepishly and no doubt is still roaming the earth none the better for her trouble.

Moving swiftly onward, we revert back to an occurrence at the Snowflake Ball last term – in the wee hours of the morning, as the vomit on the carpets began to dry and become all crusty and 'orrible, our revered social secretary (look, no George Michael) was wandering about, ensuring that everybody had left. Lo! What was found but a pair of freshers making babies behind a curtain. I have since received their names and shall be all too happy to print them in the next edition, *unless* a minimum payment of £5 is made to the Hospital's Charities Week fund which begins very soon. Dig deep, you naughty people.

Incidentally, a mention must go to Charles "I sing like a thrush" Peebles for being the first to break the ice at a recent party. Slightly nippy, I would have thought.

Finally, in reference to last month's report, we still see the occasional 1st year sneaking around wearing a dissection coat. I beg thee, upon bended knee to cease this activity while there is still time. Thank you.

Cedric Bore

Correspondence

Political Protests

Dear Sirs,

Fie, fie, away with you to the Lower Spit among the peasants, to be chastised by Dr. Richards and Mr. Heald (Letters, December 6th) for daring to criticise the wonderful Tories. These gentlemen remind one of the recent activities of Mr. Norman Tebbit. Fear not Sirs, you are in good company for *The Lancet* itself has voiced similar devastating assessments of the effect of this Government on the N.H.S.

Although at first it cannot have been to the liking of some senior staff, the Hospital has loyally supported the N.H.S. since the Attlee Government created it: indeed Guy's had an enlightened and deeply concerned Board of Governors which did just this until it was abolished by Mr. Heath's Conservatives. Against that disaster you made little outcry, printing only a *Passim* describing how good for the Hospital's patients the Governors had been. Now, fortunately, there are stronger voices with more to say. Do Dr. Richards and Mr. Heald suppose that it was a bunch of lefties who refused at Oxford to grant Mrs. Thatcher an Honorary Degree? No Sirs, those Dons reacted as you have against the cultural damage her Government has done to the country. Our Prime Minister's plans to commercialize everything might better suit her beloved U.S.A., but the December issue of *Scientific American* (p.37) has this: "the U.S. stands as the only remaining industrialized nation, except for South Africa, that does not cover as a right of citizenship the medical expenses of anyone who becomes seriously ill."

If Dr. Richards really means it when he writes: "I believe the age of protest has had its day" he should take a one-way trip to a Communist country, one of the South American, African or Asian dictatorships or South Africa where he will find plenty of like-minded people amongst the rulers. Here in Britain protestors cannot (yet) be silenced.

Professor G. A. D. HASLEWOOD,
28 Old Fort Road,
Shoreham-by-Sea, Sussex.

Rape of the NHS

Dear Sirs,

I should like to express my belated support for *Passim* on the subject of Mrs. Thatcher's grotesque impertinence in attending Guy's to open the new Magnetic Resonance Centre.

Dr. George Richards' letter to the *Gazette* (December 6th) pathetically regurgitates the propaganda contained in the Conservative Party Contact Brief No. 43 - "more nurses and midwives" etc. - thus indicating that he is yet another subscriber to the Titanic Philosophy which is: "We can't be sinking because the pumps are working harder than ever".

Similarly, it is just not good enough for Mr. R. J. Heald to blame the continuance of R.A.W.P. on to the former Labour Administration, any more than it is a justifiable excuse for one hooligan caught kicking a helpless victim to death, to claim in his defence that another hooligan was doing the same thing before he arrived on the scene.

The more people who speak out against the Conservative rape of the N.H.S. the better. What a shame that so many of those in illustrious positions in the medical hierarchy are too concerned with the Honours List to speak out themselves.

Yours faithfully,

Dr. B. A. TUDGAY,
Broomden, Ticehurst,
Wadhurst, East Sussex TN5 7LP.

Sign up or sign on

Dear Sirs,

We share your correspondents' concern about the declining interest in extra-curricular activities at Guy's, particularly those which take up more of the participant's time.

However, we doubt that the blame for this decline can be attributed to the admissions policy that the Medical School has followed recently. The 1986 preclinical medical intake had average A-level grades of A.B.B., which is not exceedingly high. It is commendably true that Guy's/U.M.D.S. accepts many applications from women and members of ethnic minorities, but athletic, cultural and artistic prowess is not the monopoly of white, Anglo-Saxon, middle-class ex-public school-boys. It is widely known that good A-level grades are not enough for admission to a Medical School, and all applicants duly develop an interest in the Duke of Edinburgh Award Scheme, voluntary work with the disadvantaged and so on to enhance their U.C.C.A. forms. At Guy's, this breadth of activity often vanishes soon after admission, certainly by the time of the clinical course. At other medical schools, this is less common. Why is this so?

Part of the answer lies, we believe, in the system of allocation of House Officer posts in the Guy's scheme. At no other medical school is this allocation done solely on the basis of an academic ranking (with a few students being ranked slightly higher because of non-academic achievement). Aware of the increasing competition for jobs, and believing a house-job at Guy's to be a highly desirable start to a successful career, many students here are nervous of becoming involved in any extra-curricular activity that might take up time otherwise available for work. At other medical schools, students regularly devote their Wednesday afternoons to sport, unconcerned by possible sign-up repercussions, while at Guy's, missing academic or clinical activities is perceived as more dangerous.

This excessive concentration on work damages the life and reputation of the student body, stifles students' burgeoning talents, and leaves them ill-prepared for later life, when wide interests would sustain them and evidence of non-medical activities would enhance their CVs. The answer is to include CV information for consultants' consideration in the allocation of house-jobs, and thus bring students' aspirations back into balance. We are working together towards that objective.

Yours faithfully,

THOMAS DENT,
Chairman, SMEC

GERRY SKAILES,
President, Clubs' Union.

Dear Sirs,

In the last three issues of the *Gazette* we have seen much comment on the decline of Rugby at Guy's appear in the correspondence section. The final straw for me in this bigoted discussion came with the outrageous letter from Dr. Ian Reekie. Such a blatantly prejudiced attitude as this cannot pass without comment.

In retaliation to this particular letter I would firstly point out that it was racist in the extreme. To say that the standard of rugby was unlikely to improve since a third of the intake did not "appear to be of English origin," shows that he still holds on to the old, misguided belief that the English are best at everything and above all Rugger. If this gentleman was actually living in the real world he would realise that people of every race are capable of excelling in all walks of life and, if we really have to consider rugby in particular, had he watched the Varsity Match he would have noticed that one of the best players was certainly not "at first glance of English origin".

Secondly, the letter projected an unforgivably sexist attitude to the increasing intake of women into the medical and dental schools. Although I have little experience this seems to be the prevailing opinion among old graduates from Guy's. Thankfully those in charge of admissions pay little attention to it. Due to this attitude of old students the decline of rugby has been emphasised out of all proportion so that the great success of certain clubs, notably the Ladies' Hockey Club, which won the U.L.U. Cup last year, has gone completely without appreciation.

Finally, I would like to point out a few things which I hope all those who wrote in concerning the standard of rugby will listen to. I can only echo their opinion that the best doctors are not necessarily those people who achieve the highest academic grades and I for one would wish to see less emphasis on academic record and more on the personal achievements and interests of the applicants. But in contradiction to popular belief, rugby is not unique in increasing the motivation, outlook and stature of a person. Nor, I must stress, is sport. Music, dance, drama, art and help within the community are all things which play a similar role. If sports scholarships were offered, to be fair, scholarships in all these other fields would also have to be available.

I hope we will now see an end to this narrow-minded correspondence obsessed with the decline of rugby and instead a concerted effort to improve the general motivation of Guy's students in all activities outside the curriculum, hopefully ensuring that professional people of only the highest standard are trained here.

Yours faithfully,

ANGELA FEAZEY,
2nd Year B.M.S.,
Boland House,
Guy's Hospital.

Selection Matters

Dear Sirs,

I do not think that either David Cooper or Ian Reekie have gone far enough in their analysis of the sports performance decline at Guy's. They are drawing attention to a problem of far more serious proportions. It is the manner in which the professional men and women of this country are selected.

Your correspondents have given ample evidence that something is rotten in the state of things and it is worth looking further. It is extremely common to hear patients complain that the academic product of today has difficulty in transferring much confidence. It is not uncommon to find that the G.P. with perhaps a slightly lower academic capacity and a widespread interest in other areas, including sport, relates better to his patients problems. It is a fact of life that if a patient is an expert at growing orchids, training racehorses and plays county cricket he will feel more at ease with a professional man who may have an interest in one of these subjects.

As the curriculum becomes more and more concentrated upon useless academic detail, so do the products of the system. Far too little attention is paid to the contribution that personal qualities make in a professional person. I wonder whether the time has come to inject some outside blood to dilute the stifling influence of academics at the selection level?

The old style G.P. with those precious ingredients of bedside manner and human understanding was, I feel, to be preferred to

the academic zealot of today. Guy's is not short of extra ordinarily talented alumni of some stature in the community – perhaps they still have qualities that their alma mater could utilise?

Yours faithfully,

NIGEL J. KNOTT,
40 New Road,
Chippenham, Wilts. SN15 1HL.

Martin Rushton Memorial Lecture

Dear Sirs,

Each year, in November, the Metropolitan Branch of the British Dental Association holds a special meeting to honour the memory of Martin Rushton, Professor of Dental Medicine at Guy's Hospital from 1946 to 1966 and honoured member of the Branch. This is usually held in the lecture room at the Association's headquarters in Wimpole Street. Over a number of years I have observed that disappointingly few of those currently on the staff of the School and Hospital have attended these lectures. This year I noted with interest and hope that it was to be at Guy's on Thursday, 27th November in the Tower lecture theatre, with a buffet supper in the Robens Suite afterwards. Surely, I thought, Stanley Gelbier the Branch President has hit upon an idea which will ensure a proper representation of the present Guy's staff at this meeting in honour of one of our great men of past years!

The excellent lecture was given by Janice Fiske on "Dental care of the aged population". The audience mainly consisted of Community Dentists who had been specially invited and stalwart members of the Branch. As far as I could see, the Guy's staff were represented by two very senior members, one junior, and one recently retired.

The last staff list I received had 170 names on it. Surely some of these must be members of the B.D.A.? I would have hoped to see twenty or thirty, including all or most of those who work on floor 28 where Martin Rushton's name appears over the door. I am disappointed.

Yours faithfully,

A. D. ROBINSON,
10 Waldenshaw Road,
Forest Hill, London SE23 3XP.

RUGBY CLUB **Guy's 1st XV versus H.A.C.** **Won 12-9**

A dour, unattractive game which was not helped by the weak refereeing. Guy's held on well to win despite some interesting decisions. However, there were several hamstring injuries late in the game.

Guy's 1st XV versus Purley **Lost 6-31**

An excellent early try by G. Bevan, initiated from deep inside the Guy's half, seemed to bode well for the match. However, the heavy Purley forwards quickly exerted their superiority and took control of the match in conditions suited to forward play. In failing light and poor visibility the ball was spotted with monotonous regularity under a pile of Purley forwards over the Guy's line.

Later, attempts to drown sorrows in drink and song were not appreciated and an early departure was called for.

Guy's 1st XV versus Old Cranleighans **Won 19-13**

A close fought match with the result in doubt right up to the final whistle. Some good handling and running by the Guy's backs led to a number of good tries, two by G. Bevan and one each by N. Davies and S. Bunting. However, the customary tactic of poor tackling late in the game led to an exciting end to the match.

Gutteridge Cup Quarter Final **Guy's 1st XV versus The London Hospital** **Lost 9-16**

This result belies the fine balance of the game. At half time, the teams changed over with six points each, following an exciting hard fought first half. The second half was disappointing and a late interception sealed the fate of Guy's.

N. Davies

BOAT CLUB REPORT **Head of the River Fours** **Sat. 15th November**

A record number of nearly 500 crews were started for this enormous event. Guy's entered three crews: the Senior C IV finished 285th in 16min 30s (moving up 83 places) and were the 3rd fastest hospital of all. The Novice (Headband) IV were 322nd in 16min 48s (from 420th) and the Ladies IV rowed with spirit, if not stamina, to finish 480th. They then rang up the boat-house from Putney to ask for help to get back, because they were too tired to row. The Welshman (A. Brown) set off into the night in the launch to rescue his loved one and towed the crew back from Hammersmith.

Crews: Senior C IV: S. Huins, S. Andrews, P. Barnes, E. Read-Ward. Cox: K. Andrews. Novice IV: C. Hammersley, T. Rose. A. Brown, S. Khakoo. Cox: M. Bewicke. Ladies IV: H. Palmer, S. Griffin, C. Pearson, M. Yeung. Cox: D. Mehta.

UL Allom Cup Regatta **Saturday 22nd November**

This was almost certainly the most badly organised rowing event the club has ever had the misfortune to take part in. U.L.B.C., through a total lack of planning reduced the regatta to a shambles, from which several clubs withdrew completely.

A King's Ladies VIII sank dramatically after breaking in half on the barges. The UL rescue launch capsized, leaving our launch to help pull people out of the freezing water. Racing finally started two hours late, and even then crews had to start their own heats or be scratched in the chaos. In spite of this, the Ladies 2nd VIII rowed superbly to reach the final of the Women's Open VIII's, but this was lost to Bart's when finally rowed the following Saturday! Both the Men's and Ladies' Novice IV's won their heats but lost in the finals. The Men's 1st VIII beat the London in the heats but lost to Imperial College in the Senior C final. Bill Dunnet was the only medal winner, cruising to victory in the Senior C sculls.

United Hospitals Regatta Saturday 29th November

This was most probably the largest Guy's entry ever for a regatta, a total of six VIII's, four IV's, and a single scull. St. Thomas's B.C. organised the event superbly, in spite of dense fog. It was an excellent day's racing, with Guy's represented in 6 of the 13 finals, and winning tankards in 3 of them.

The Men's 1st VIII won by 1½ lengths from St. George's in the Junior VIIIs final after being down at the start. The Junior IV led all the way to hold off a very strong Bart's challenge in their final. The Men's 2nd VIII collided with both the other crews (TWICE!) in their heat and were disqualified. Only when they took the boat out of the water did the cox notice his rudder had fallen off! Bill Dunnet continued in his winning ways with a fine victory over St. Thomas's in the Open Sculls final.

The Ladies lacked a really consistent 1st VIII, but the strong 2nd VIII lost by only ½ length to the eventual winners of the Novice VIIIs. The existence, however, of the first ever Guy's Ladies 3rd VIII is a tribute to their enthusiasm.

We were delighted that both our President and retired President were in attendance at the presentation of tankards at the University of London boat-house that evening.

Crews:

Men's 1st VIII: S. Huins, S. Andrews (Capt.), T. Rose, S. Khakoo, A. Brown, E. Read-Ward, D. Quick, C. Peebles.

2nd VIII: G. Hammersley, J. King, D. Maudgil, C. Huseyin, K. Powell, D. Mehta, P. Hailey, P. Barnes.

3rd VIII: V. Tanna, J. Crossman, M. Patel, S. Manara, D. Hallam, N. Tomes, A. Ustianowski, P. Fulford.

Ladies' 1st VIII: M. Bewicke, M. Yeung, H. Palmer, S. Griffin, C. Pearson, S. Robinson, C. Barnwell, S. Cockayne.

2nd VIII: J. McCurric, C. Killick, S. Duncan, K. Whichello, A. Renshaw, T. Joyce, G. Skailles, E. Nicholls.

3rd VIII: C. Parnaby, M. Hudson, B. Chapman, D. Mather, K. Godber, C. Gleeson, S. Cuffin, S. Elliot.

Coxes: P. Barnes, D. Pryke, S. Khakoo, K. Andrews, J. Stocker, S. Andrews, M. Bewicke, D. Mehta.

Underwater Sculler

FOOTBALL CLUB

Guy's 1st XI v St Marys 1st XI Lost 0-2

The less said about this dismal performance, the better. Early on the boys looked very sharp but then the warm-up finished and the game began. Despite having nearly all the ball Guy's failed to make any impression on the opposition defence – mainly due to ineptness of the front three. Slack marking at a corner allowed Mary's to take the lead and then followed a series of rear misses. Biswas shot over from 10 yards and also hit a post and Tucker then ran through the defence, and with only the keeper to beat, couldn't decide whether to score or pass to wide-boy Mead and let him score – and in the end didn't do either. The second half was a similar story with Guys having all the possession and failing to score. Dave Bailey proved to be an exception to this rule by rising about the defence to glance a lovely header past the Cat to put Mary's 2-0 ahead. After the match there were calls for the captain to resign; the guilty people have been appropriately dealt with and dropped. In the post-match press conference the captain said "It was a game of two halves. Football's all about chances and they took theirs and we didn't take ours – that's football. I'm a firm believer in that whoever scores the most goals wins the game, and I think we proved that today! Still, the lads gave 110%, and we're all as sick as parrots". – enlightening stuff!

Team: Gardner, McHugh (J), Gilmore, Bailey, Carapetti, Mead, Roberts, Callaghan, Tucker, Biswas, Masani.

Guy's 1st XI v L.H.M.S. 2nd XI Won 3-0

A game in which Nav Masani proved that he is undoubtedly Guy's most prolific scorer of solo goals.

Only a defender just managing to get his head to yet another winning corner deprived him of a hatrick. His other goals came from a penalty and direct from a corner. No-one else warrants a mention except that good looking lad Bill Schaeffer who pulled a hamstring. Fortunately the injury didn't prevent young Bill from entertaining the girls at the Ski-Club Hop – get well soon Bill.

Team: Gardner, O'Hara, Schaeffer, Gilmore, Carapetti, Mead, Roberts, Callaghan, Tucker, Biswas, Masani.

Guy's 1st XI v Goldsmiths 1st XI – ULU cup 1st round

Drew 0-0 (lost on pens.)

A disappointing result after a fine performance from Guy's. In the sweep organised by Ed Rytina before the game experience had shown through with the afore-mentioned Rytina forecasting an 8-0 win – for Goldsmiths. The captain forecast 3-0 to Goldsmiths, but some younger players even thought we might win! Had these boys not heard of Goldsmiths? However the team did themselves proud. Straight from the start Guys were on top and it stayed that way throughout the game. Every player was magnificent, but two stand out for special mention: firstly the goalkeeper because he's writing the report, and secondly Ed Rytina who belied his age and general lack of fitness for a marvelous return to the first team. Both sides hit the woodwork – Goldsmiths via a deflection and Guys through a wonderful turn and shot from Biswas. Somehow Callaghan managed to miss the rebound and this was not to be his only miss of the game! Unfortunately Carapetti had to go off midway through the first half, but this did not prevent Guys from continuing to take the game to the opposition. From his position in goal the skipper could not believe the amount of running his team put into the game and Guy's should have won the game at the end of both full and extra time. Firstly Phil Roberts out-jumped the Goldsmiths defence to head over from a corner and then in extra-time Biswas failed to score from a yard claiming the keeper had the ball in his hand – but some say he was scared of hitting the back of the net!

And so we came to the tense, heart breaking situation of the penalty shoot out. Goldsmith's were first to shoot, sending the keeper the wrong way. Guy's equalized through Paul Hendrick – via the goal keeper's hand! Goldsmith's retook the lead by again sending the goalkeeper the wrong way but Guy's again equalized when Nav Masani tried to hit the goalkeeper but fortunately missed. Goldsmith's inevitably went ahead again, although the keeper did go the right way this time and then Callaghan tried to hit the goalkeeper – and succeeded! Goldsmith's then took a 4-2 advantage despite the keeper getting a hand to this one and all was left for Roberts to miss the goalkeeper – and the goal, and Guy's had been beaten. I think it's only fair to mention that although Anu didn't score in the match he did

manage to score his penalty – although by then it didn't matter at all. So a disappointing defeat but a performance to be proud of. That only leaves room to mention Bill Schaeffer's boundless generosity in giving his boots to the opposition as a prize for their victory.

Team: Tucker, Rytina, Carapetti, Schaeffer, Gilmore, Mead, Hendrick, Callaghan, Roberts, Biswas, Masoni.

Guys 1st XI v L.H.M.S. 2nd XI Won 5-0

After a terrible performance against St. Mary's it was vital that Guy's bounced back in style to prevent their season prematurely ending. With the suave, sophisticated, sexy Schaeffer returning at centre back, and the Geordie dwarf taking time off from revising for his final 'test', the back four was considerably strengthened and the Boys were quietly confident.

In terrible conditions Guy's started well, and from a corner, Julian Lambert managed to keep the hair out of his eyes and hit a well struck shot against the side netting. Incessant pressure eventually paid off when Masani broke clear and coolly placed his shot wide of the keeper. Shortly after, Masani again collected the ball in the centre circle and went off on a solo (surprisingly) run. After managing to beat about four players, including two from the London, he again slipped the ball into the net.

In the second half, with Schoolboy shouting Phil Roberts in midfield things continued much the same way.

A long ball from defence by Biswas sent Masani away who just managed to beat the defender to the ball by a nose, albeit a large one, to play a delightful one-two off the keepers legs and shin the ball into the net to complete a fine hat-trick. With seven goals in four games, Masani has now scored more times than he's passed. Phil Roberts rounded off another impressive performance by scoring his first goal for the club, and Tucker managed to complete a three point turn in the box to score the fifth. The Geordie dwarf, having crippled their left winger, even found time to display his considerable dribbling talents to find himself unmarked in the box, and then showed his fine defensive talent by shooting wide.

Biswas again failed to score – but he is very good at passing, and the defence was very sound not allowing one shot on goal, which, allowing for current form, was just as well.

Team: Gardner, O'Hara, Schaeffer, Gilmore, Carapetti, Mead, Roberts, Callaghan, Tucker, Biswas, Masani.

Guy's 1st XI v I.C. 2nd XI Won 3-1

Exams and injuries ravaged the first team squad for this important league game. Masani, Gardner and O'Hara all succumbed to the pressures of exams and Carapetti refused to get out of his wheel chair to play – where has the commitment gone? Meady also had made other arrangements, hence the forlorn sight of the skipper in the Spit on Friday dinnertime asking anyone who stepped through the door if they fancied a game of football the following day – and Bobby Robson thinks he has problems!

Thanks to faultless planning by the captain, ten members of the team arrived at I.C. half an hour early – and one member arrived at Heathrow half an hour late, but the best laid plans of mice and men... "Disco" Schaeffer had to be restrained from dancing in the aisle of the coach on the way there and Roberts and Allington just wouldn't keep quiet – was nervous tension creeping in?

The first half of the game is best forgotten from a Guy's point of view. We started with only ten men – Ed Rytina misunderstanding the captains travelling instructions – and Imperial took quick advantage to open the scoring after five minutes. Only an inspired performance by the keeper kept Guy's in it for the rest of the half with most of the team appearing to be asleep. An inspirational team talk from Biswas managed to shake people out of their complacency. Gilly began to organize the defence, Schaeffer began to tackle, Callaghan and Hendrick and Bailey began to run the midfield and the attack began to look dangerous.

After a period of relentless pressure Guy's equalized when Callaghan scored directly from a free-kick, hitting a ferocious shot into a gap almost as big as the one between Arnú's teeth. Callaghan scored his second when the keeper watched his harmless cross go straight in. Meanwhile Biswas was desperately trying not to score. However their keeper wasn't going to let him get away with it and rounded off a fine per-

formance by throwing one of Anu's efforts into the back of the goal – significantly it failed to reach the net! Any fears that Masani would be missed were dispelled with Biswas refusing to pass to anyone in a blue shirt. Many thanks to Neil Solomons for playing at such short notice.

Two after match performances worthy of note – Paul Hendrick for proving to be the embarrassing Arsenal fan that he is, and Bill Schaeffer for leaving his disco jacket at Heathrow – after leaving his boots at Goldsmith last week, Bill is obviously intent on leaving a memento at every ground that he visits. What does he have in store for the Royal Free? Tune in next month to find out! Team: Tucker, Rytina, Allington Schaeffer, Gilmore, Bailey, Hendrick, Callaghan, Roberts, Biswas, Solomons.

U.H. Cup Quarter Final Guy's 1st XI v UCH/Middlesex 1st XI Won 2-0

Even for this vital game Guy's were unable to field their first choice eleven. "Disco dancing" Bill Schaeffer had to go a party and the diminutive O'Hara was still troubled by a guilty conscience about exams. Phil Roberts, who had scored four goals in the previous game, was naturally dropped to full back to make way for the return of that goal scoring machine, Biswas, and that old war horse "Hyper-Masseter Jones" was also recalled to add a touch of experience to the defence. Phil Roberts must have been surprised to play having only just discovered that Guy's were in fact a hospital side and therefore eligible for the competition – mind you he is only in his third year!

The journey to Shenley is normally only memorable for its length, and stops for passport control, but today, for some unknown reason, Jonesy took an unaccountable dislike to Gilly's mother's car and cruelly body-checked it, removing the wing-mirror from its rightful position. Maybe this was some strange kind of match practice but Gilly was justifiably a little upset.

The match itself was another example of just how good Guy's can be when they want. Nav Masani, who seems intent on breaking as many hearts as possible before going abroad, played one of his best games for the club and never seemed to stop running. Indeed he set up the first goal when he crossed to Biswas at the far post who hit the ball on the half volley to score a fine goal.

With Mead, Hendrick and Callaghan dominating the midfield Guy's continued to have all the pressure and should have added to that first goal but had to be content with a single goal lead at half-time. In the second half UCH/Middlesex tried to fight their way back into the game but just couldn't get started. Guy's continued to press for a second goal and eventually it came when Biswas collected a long ball from Callaghan, went wide of his man and dispatched the ball into the far corner for a brilliant goal. Paul Hendrick surprisingly got injured again and had to go off but Guy's were still the better team and Tucker went on a fine run only to be cynically scythed down in the box. Biswas confidently stepped forward to complete his hat-trick and wrap the game up but got a severe case of "jug-avoidance" and managed to put the penalty just inside the corner-flag. Fortunately it turned out to be unimportant as Masani clipped a post from a free kick, and Jones took a delightful ball from Tucker and with only the keeper to beat decided that two was enough, and chipped the ball into the goalkeeper's hands. Even when UCH/Middlesex managed to get a shot on target, Gardner in goal was in fine form, producing one save in particular that was breathtaking. So Guy's march impressively into the semi-finals for the first time in years which will be held at H.O.P. in February - your support would be appreciated.

Team: Gardner, Roberts, Gilmore, Carapetti, Jones, Mead, Hendrick, Callaghan, Tucker, Biswas, Masani.

Guy's 1st XI v I.C. III Won 6-1

A fairly dull match until the last twenty minutes when Guy's showed their true class and converted pressure into goals. After an uninspiring opening quarter of an hour Meady scored a rare goal and a few minutes later Masani passed a rare through ball for Hendrick and Roberts to combine to score a second. I.C. got back into the game via a penalty which "The Cat" failed to hold. Almost immediately, Guy's most important player, Alan Farnham, regained the two goal advantage when he awarded a penalty against an I.C. player for breathing in the box. Guy's improved greatly in the second half scoring three more goals, all through Phil Roberts, and generally dominated the whole half. Roberts scored his second from a great pass from Tucker and completed his

hat-trick via a deflection. He finished off the rout by knocking in the rebound following Callaghan's long shot. Meady had to go off injured and was replaced by Jones who showed that he had lost none of his skill, but surprisingly, most of his voice. Rytina also showed what a good full back he is but also what a dreadful winger he can be and Tucker was exceptionally unlucky not to add to the score.

Passenger

2nd XI Report

A solid victory over a touring Liverpool medics' side served as a useful launching pad into the new season. This began with a 3-1 away victory over Royal Holloway 4ths. The four new faces in defence, including freshers Gnat Naterwalla in goal and R. Sajjanhar, all gave sound performances, knowing there was a Royal Holloway sub who was desperate to play for us. Goals from N. Marchbank, E. Rytina and P. Elphick gave the desired victory after a fairly average performance.

The following game away to London Hospital 3rds was probably the team's best game so far. The London (who couldn't supply a ball as their groundsman had locked himself in a hut) was totally demoralised by another Marchbank hat-trick, two goals from P. Elphick and one by D. Bailey who is proving a dominant force in midfield. Final score 6-2.

Honor Oak Park at last, and a return match against London 3rds. We started with just nine men, as Raj and Saf thought it would be nice to go shopping together. Fortunately, a tropical rainstorm prevented the London, with 12 men on the field (one claimed to be playing for us), from capitalising on our predicament, and after the return of the prodigal sons, a great goal by the Gaffer from 15 yds and a superb curler by Safraz sealed a win. We all agreed that Gnat's first clean sheet called for eight gins, and his Russian floor dance afterwards left a lasting impression (on the pool table).

Home again for the next match, and a competent 5-0 victory over a ten man Royal Holloway side, despite the antics of the two giggling freshers. Four goals came from headed crosses and defender P. Abrahams claimed his first goal.

November 5th saw some premature fireworks at Mitcham in the first round of the Hospitals' Cup. Our opponents, King's 2nds, succumbed to three extraordinary goal scorers. P. Taylor netted an amazing five goals, but even this feat was belittled by J. Gardner's first ever goal for Guy's, which was by no means lucky, Jim. We still have not lost a game in which Jim has scored. Finally, a mention of Terry the Irish navvy who blasted the ball from near the half way line, and to everyone's astonishment, sent it straight to the back of the net. This jewel was supplied by a man who only got a place in the team because he convinced us that he was the real J. McHugh. The latter is now undergoing a crisis and can frequently be heard muttering "run a few errands . . . Kew Gardens" in a Dublin accent.

ELF

LADIES' HOCKEY Hospitals' Cup Quarter Final Guys 2 - St. Thomas' 0

Missing four of our regular first team players, braving arctic weather conditions and carrying a surplus of Christmas blubber, the team weren't too confident about this match. But with Vanessa screeching from the back and the prospect of proving to Cressida that we could manage without her, the members of the Guy's team each pulled up their two pairs of socks, tracksuit trousers, the sleeves of their shirts, team shirts and sweat shirts (we're not stupid!) and set to work. The girls played soundly and kept St. Thomas' at bay in the first half.

During half time when the captain was trying to scrounge a drag of the umpire's cigarette, the rest of the team decided that it was "all or nothing" and, having got some feeling back in our hands and feet, team spirit picked up and the second half brought forth two good goals scored by N. Montgomery and C. Chevasse/C. Holden (fight it out between you, girls!)

Tommies seemed to give up and the Guy's team relaxed a bit. This seemed to rub off on the umpire (Thanks Stuart!) who decided to entertain the team with his Fred Astaire routine in the middle of the pitch. But unfortunately he managed to tread on the ball!

It was a good team performance which I'm afraid wasn't equalled in the bar. However, the Captain, Fixtures Secretary and Regular team drinker did not let the side down and enjoyed their victory celebration!

HOCKEY CLUB

Guy's Social XI vs St. Georges Lost 8-1

After a belated start and in driving rain the match was played in fine spirit - culminating in a moral victory for us.

Faye Tanlinson, of Leeds University, offered her services (on the hockey field only) and played splendidly.

Charles Peebles, Andrew Ustianowski and Paul Fulford made their debuts. Charles played mostly supine and gained his feet only to score an own goal.

Zahir Yousef refused to kick the ball during the first half. This was rather a pity since he was the goalkeeper. So, having let in 5 goals, he was put into the field for the rest of the match whereupon he regained his footballing talents.

John Hatfield scored our only goal from a penalty flick (a kind donation from an exceedingly biased umpire - I believe he felt sorry for us), his performance was so solid that I fear his future appearances at social matches will be curtailed by 1st XI commitments.

David (Wibble) Quick as captain, fearing the alcoholic consequences of an away win, set out determined to lead us into glorious defeat. And Steve Ward played.

Jim Brooker (to follow the bangle incident) wanted to wear make-up on the field, for which he received the tosser's tie!

Finally during after match refreshments Steve Wang and John Hatfield accompanied Wibble in a birthday suited run around a rugby pitch!

Roll on the next match.

Ferndale Dwarf

Hospital Information

PASS LIST

The following students qualified BDS University of London in December 1986.

Ahmad, Ms. G. R.
Allard, Ms. A. M.
Andrews, J. L.
Ballantine, A. W.
Bentley, H.
Birch, S. M. J.
Brenchley, Ms. Z.
Busby, Ms. E. M.
Camisa, L. D.
Charlesworth, S. D.
Chen, P. C. M.
Chin, Ms. S. W. K.
Cohen, M. P.
Coleman, M. J.
Collins, Ms. M. M. P.
Cooter, I. B.
Dixon, R.
Duncan, M. A. M.
Fearn, D. J.
Flynn, S. P.
Foster, M. G.
Franchetti, Ms. S.
Gould, C. D.
Guppy, D. R.
Harris, Ms. W. J.
Hawkes, C. A.
Hopkins, A. M.
Hyder, J. P. C.
Jones, N. A.
Lisowska, Ms. P. M. M.
McElroy, N. L.
Mak, G. K. K.
Mielnik, Ms. B. A.
Morgan, Ms. R. E.
Morgan, Ms. R. L.
Mortiboys, M. N. R.
Mullett, Ms. A. L.
Noon, Ms. P. J.
O'Brien, J. P.
Ogden, N. D.
O'Hara, S. P.
Patel, Ms. A.
Patel, G. K.
Patel, J. M.
Preece, J. M. R.
Ricketts, D. N. J.
Rowe, Ms. C. M.
Shanks, Ms. C. L.
Singh, Ms. S.
Slade, C. A. E.
Sun, Ms. A. Y. Y.
Swaddling, Ms. L. M. L.
Topping, Ms. S. K.
Vahdaty, Ms. A.
Walker, Ms. K. M.
Wallace, S.
Willis, E. D.

The following students qualified LDS, Royal College of Surgeons of England, in October 1986.

Baran, E.
Gerrard, C. D.
Isaacs, Ms. S. M.
Taylor, M. J.

The following students qualified MB BChir (Cambridge) in December 1986.

Dunnet, W. J. S.
Feneley, M. R.
Wong, T. H. T.

The following students qualified MB BS (London) in December 1986.

Amin, Ms. N. K. F.
Bavetta, S.
Biswas, A.
Bodani, H.
Conway, Ms. Z. F.
Cunningham, Ms. A. C. E.
Fleminger, M.
Herbert, D. T.
Patel, R. N.
Yates, M. S.

DENTAL HOUSE SURGEON APPOINTMENTS

The following recommendations have been made to the Director of Dental Services for appointment to Dental House Surgeons for the period 1st February to 31st July 1987.

Resident

General Duties and Mr. Bret Day – Miss P. J. Noon
General Duties and Mr. Gibb – C. A. E. Slade
General Duties and Mr. O'Driscoll – P. C. M. Chen
General Duties and Mr. Haskell – D. N. J. Ricketts

Non-Resident

General Duties, Periodontology & Preventive Dentistry
Miss S. Singh
General Duties, Oral Immunology & Microbiology
Miss B. A. Mielnik
Orthodontics and Dentistry for Children
Miss G. R. Ahmad
S. Birch

Conservative Dental Surgery – A. M. Hopkins
Miss A. Vahdaty

Prosthetic Dentistry – J. L. Andrews
I. Cooter

General Duties, Conservative Dental Surgery and Oral Surgery – M. G. Foster
Miss W. J. Harris
C. A. Hawkes
N. A. Jones

General Duties, Oral Medicine & Pathology
M. P. Cohen

STUDENTS ACCEPTED FOR PRACTICAL TRAINING IN NUTRITION AND DIETICS 1987-8

University of London – Postgraduate Diploma in Dietetics

Miss Wendy Martinson – B.Sc. London (Nutrition)
Miss Caroline Stanley – B.Sc. London (Nutrition)

University of Surrey B.Sc. (Hons. in Nutrition)

Miss Joanne Bugg
Miss Carol Hooper

Queens College Glasgow – Postgraduate Diploma in Dietetics

Miss Glenys Allen – B.Sc. London (Biology)

Robert Gordon's Institute of Technology, Aberdeen
B.Sc. Nutrition and Dietetics

Miss Christine Gordon

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BIRTHS

LANGDON. Chris and Jenny are delighted to announce the safe arrival of Thomas James Edward on 8th December 1986 at Heatherwood Hospital, Ascot. He is a brother for Fiona, Katie, Peter and Helena. (Peter is greatly relieved to have a brother at last!)

WHITFIELD. To Christopher and Anna (née Buck), a daughter, Jennifer Caroline, in Nyon, Switzerland.

MARRIAGES

The Marriage of Simon LOVE B.A., Dip.MRS, MCSP, MPS, and Julia CAVE R.G.N., O.N.C., took place at Guy's Chapel on 27th September 1986. Simon Love qualified as a physiotherapist at Guy's in August 1986 and Julia Cave is presently a Senior Staff Nurse in Orthopaedics at Guy's.

DEATHS

NEALE, John. L.D.S. (1961), B.D.S. Died in Portsmouth, 8th January 1987.

SULLIVAN, Terry, of "The George", died suddenly at home on the 30th November 1986. He was well known to many old Guy's students and staff.

WIDDOWSON, E.V.B., L.D.S., R.C.S. (Eng.), passed peacefully away on the 23rd November, 1986, aged 77 years.

CHANGE OF ADDRESS

CERIO, Dr. Rino and his wife Soraya — 39 Melford Road, East Dulwich, London SE22 0AQ.

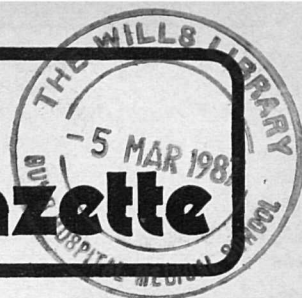
COOK, Dr. Alec and Mrs. Eileen — 21 Over Links Drive, Poole, Dorset BH14 9QU.

PERSONAL

CHELSEA. An Assistantship with a definite view to Partnership will shortly occur for a personable and ethical colleague in this old established and exclusive 100 percent private practice with massive goodwill. The Partners have in mind a graduate of about 5 years' standing who wishes to practise good class general dental surgery. It is not essential to undertake orthodontics but a high level of competence in crown and bridge work is desirable. Selections for initial interview when further details will be given will be by curriculum vitae. We have our own personal code, so if you think you fit the bill, please write to: The Partners, London SW1W 8BL.



Guy's Hospital Gazette



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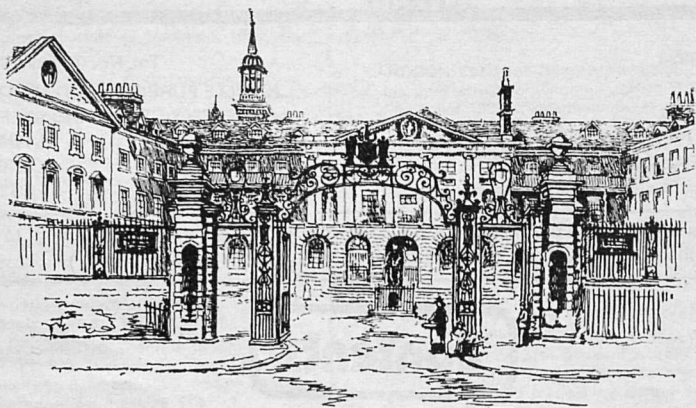
SYLVIA RODD

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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There was a time not so many years ago when students did not desperately look forward to having to undertake one of their firms at a hospital other than Guy's. The main reason for this was probably the inconvenience of travelling to Lewisham, New Cross, Greenwich or Hither Green. But now this is being outweighed by some other factors and many students now look forward to a firm outside Guy's. The throughput of patients in general medicine and surgery at Lewisham does seem, from the students' point of view, to be greater than at Guy's, but one of the main attractions is the friendliness that these hospitals offer to students. At Lewisham, for instance, students lunch in the same dining room as the qualified medical staff, which all helps students to feel more involved and fosters team spirit. Contrast this with the state of affairs at Guy's: students are banished to Boland House and the Spit for meals, while the resident medical staff have the Tower restaurant, with the added option of the dining room in the Nurses' home on weekday lunchtimes. While administratively this may be desirable, with subsidies available to NHS staff and not to students, it does reinforce the impression of "them" and "us". It also seems sad that the little services students perform for the NHS, e.g. in acting as phlebotomists and theatre assistants, go unrewarded.

The residents are also less than happy with the lunch arrangements – not that they would prefer to join the students and the culinary delights of the Spit. Before last autumn, residents would lunch in the dining room in Boland House where, for the sum of 90 pence, a three-course meal followed by cheese and coffee could be obtained. The combination of the subsidy, the reasonably quiet and relaxed atmosphere of the dining room and the fact that you could have lunch with colleagues without having to prearrange a meeting meant that about 40 residents would use the facility daily. However, the subsidy was reckoned up, controversially, at £40,000 per annum and was withdrawn. The dining room in Boland House was shut down due to lack of support and staff shortages and thus the residents have the Tower restaurant, which has all the appeal of a "fast-food" canteen. This results in a less friendly atmosphere amongst the residents, who used the lunchtimes as an opportunity to get to know each other and to discuss interesting cases and patient management. This is perhaps especially important in a busy teaching hospital such as Guy's, where clinical practice is inevitably specialised in the different departments. Nor at present is there a doctors' mess, and compounded with the fact that the only place in the whole of Guy's where it is possible to get a meal in the evenings and on weekends is the Tower restaurant – and this shuts as early as 8 p.m. – is it surprising that residents and students are sometimes slightly disgruntled?

All this may seem a minor quibble when taken in the context of the financial restrictions the NHS faces at present. However, with better opportunities for communication and a generally happier and more friendly atmosphere, the hospital can only become a healthier environment. And this greater optimism is bound to rub off on the students who will become more involved in the hospital service which is the basis of their education.



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News in Brief

Phase III of the Redevelopment of Guy's Hospital

As reported in last month's Medical Notes, shortly before the Christmas holiday the Secretary of State approved the long-awaited Phase III of the redevelopment of Guy's Hospital. The cost limit is £35.5m. This figure includes approximately £2.25m from the University Grants Committee and £1.1m from the Imperial Cancer Research Fund – the latter for offices and laboratories for the ICRF Professor of Clinical Oncology. The new building will provide approximately as much space as Guy's Tower, wrapped around the Tower as a 4–5 storey podium. It will replace the existing Outpatient Department, Hunt's House and the York Clinic. Completion is expected in the first half of the 1990s.

The project has been made possible by a munificent gift from Sir Philip and Lady Harris through their Charitable Trust and by a large-scale grant from the Special Trustees of Guy's Hospital and is part of the strategic plan for the Lewisham and North Southwark Health District which also includes substantial developments at Lewisham Hospital and in the community.

Theatre Club

This year's Path block musical is to be "The Best Little Whorehouse in Texas". It will be performed in the Ballroom in Boland House on, 1st, 2nd and 3rd April.

Travelling Scholarships

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification obtained after following the course in the Dental School at Guy's Hospital, to enable him or her to undertake postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Academic Committee. The value of the Scholarship will be up to £5000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a period at an institute in Europe or Scandinavia or whether the time will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £1000 and is awarded every year to the holder of a registrable dental qualification obtained after following the course in the Dental School at Guy's Hospital, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Academic Committee.

In order that applications for the Travelling Scholarships may be considered by the Dental Academic Committee in sufficient time to enable the successful candidates to make arrangements to travel, etc., it is necessary for all applications for Travelling Scholarships for 1987 to be received by the Dean of Dental Studies by Friday, 10th April 1987.

The Dean of Dental Studies would be pleased to discuss the matter with anyone who is interested.

Front Cover

This month's front cover is taken from the painting by Vanderbank of Thomas Guy, which is the property of the Governors of Guy's Hospital. Prints are obtainable from the *Gazette* office at 50p.

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Obituary

George Trevor Hankey, O.B.E., T.D., F.R.C.S., F.D.S.R.C.S., L.R.C.P.

George Hankey died on January 4th. He was born in 1900, the son of an eminent London Dental Surgeon and was educated at Oakham School. He left school when he was 17 and joined the Royal Horse Artillery, in which Regiment he was commissioned. He was demobilised in 1919 and entered Guy's Hospital as a dental and medical student. He qualified L.D.S. in 1922 and M.R.C.S., L.R.C.P. in 1925.

He was a founder member of the Innominate Club in 1921, when he and other students in the dissecting room formed a Motor Cycle Club. In 1929 the Club was transformed into an Annual Dining Club of which, for many years, George was Secretary. Membership was confined to Guy's men qualified no later than 1926 – except that "Doc" Hancock, the Curator of the dissecting room, was elected the Club's first President.

In 1926 I first made George's acquaintance just after we had been appointed Clinicals to Dr. Herbert French. One other of the six was R. C. Brock, later Lord Brock, the famous heart surgeon. I was immediately captivated by his gracious, affable and unassuming manner and we became life-long friends. After other house appointments he became House Physician to Dr. – later Sir Arthur – Hurst. In 1981 George told me that Sir Arthur had wanted him to take the M.R.C.P. But his heart was set on dentistry and, in 1928, he was appointed to the Dental Staff of St. Bartholomew's Hospital and, later in the year, to the London.

In addition to his hospital appointments he had an excellent dental practice in Harley Street, but his work was interrupted by the outbreak of war in 1939. He was then an R.A.M.C. Territorial Officer commanding the 141st Field Ambulance and had the rank of Lieutenant-Colonel. He took the unit to France but he, and all his unit, were captured in 1940 and he spent the next five years in P.O.W. camps in Germany and Poland. In each of these camps he was Senior Medical Officer. For the last 18 months of the war he was in medical charge of a prison camp of British and American Air Force Officers. For his wartime services he was awarded the O.B.E. and the United States Legion of Merit Degree of Officer and was mentioned in despatches.

Post-war he continued to serve in the T.A. until, in 1957, he was full Colonel and Honorary Colonel of the 12th General Hospital R.A.M.C. He had the Territorial Decoration with three clasps. He re-established a practice in Harley Street and, as a teacher and surgeon at Barts and the London, he was soon regarded as one of the eminent British dental surgeons. Honours and distinctions poured in on him. In 1948 he was elected to the Fellowship in Dental Surgery of the College of Surgeons. In 1953 he delivered to the College the Tomes' lecture on Arthrosis of the Temporo-Mandibular Joint –

a condition on which he was recognised as an international authority. He was elected to the Board of the Faculty in Dental Surgery in 1958 and was Vice-Dean in 1966/67. He was President of the British Association of Oral Surgeons in 1963/64. He was an examiner in Dentistry for the University of London. At the London Hospital in 1967 he was the Sprawson Lecturer.

George had a delightful tenor voice and took the leading parts at Guys' Hospital in the Operatic Society – "The Gondoliers", and "The Mikado". He was a very keen golfer and, in 1957, was Captain of the Tandridge Golf Club. I understand that once he holed in one.

I last saw him in 1981, at Lord Brock's Memorial Service at Southwark Cathedral. Afterwards we had a long lunch at The George in Southwark, when he told me of his first wife's distressing pregnancy and some things about his experiences as a P.O.W. After this meeting we kept in touch by telephone. In his last four years he had a lot of major illnesses, most courageously borne. His great grief last year was that he had to give up his golf.

His widow, Mary, was the sister of his first wife and to her all George's friends extend their condolences and admiration of such a well spent life.

J.G.W.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are March 11th and April 8th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Clubs' Union News

On Tuesday, 17th February, the new Clubs' Union officers took up their posts to face a challenging year running the Union. Congratulations to the following who were elected since the last *Gazette* issue:

Junior Secretary: May Yeung

Social Secretary: Zaheer Yousef

Bar Secretary: Mark Cynk.

For my last Clubs' Union News, I thought I'd give a brief summary of the events of the past year.

First, I must thank the whole committee for their hard work and support. Most of the officers of the Clubs' Union have put a great deal of effort into their jobs and achieved worthy results.

Aman Coonar as social secretary has managed to keep the Ballroom booked virtually every Friday night, as well as organising his own events, helping with the summer festival and freshers' week, and of course organising the Snowflake Ball. This was again held in the Glaziers' Hall in November and was very well attended. A Buffet meal and the uprooting of Guy's Bar to the Glaziers' allowed the price to be kept to a minimum and a small profit to be made.

Nigel White as Bar Secretary has steered the bar through one of its first profit-making years in recent times. This has largely been due to the appointment of a permanent Bar Steward, George Mitchell, who keeps a close eye on everything. Nigel does assure me by the way that more furniture "is coming soon"!

Tony Cleare as Junior Secretary, amongst other things, was Aman's right-hand man for the Snowflake and has been responsible for the odious task of Union minute taking.

Paul Cassar as Vice-President (Dental) has divided his energies between the Union Shop and External Affairs. I feel that more contact and cooperation is needed between medics and dentists and I'd like to see more interaction between the Club's Union officers and the Dental Society, perhaps through the Dental Vice-President. In this way a greater sense of unity could be brought to affairs at Guy's.

Harriet Meader as Vice-President (Medical) edited the freshers' handbook as well as helping with other events.

Charities week went very well and made a profit in the region of £10,000 which will go towards the building of a Ronald McDonald House. The committee led by Angela Feazey organised many varied events, including a very successful cartoon auction. The week is summarised on page 56 of this *Gazette*.

During the past year, Guy's has been well represented by the Clubs' Union officers in other groups within the University of London. The monthly meetings of the ULU medical group have provided the opportunity for discussion and exchange of useful information between the officers of the various London medical schools. This year the group has been involved in such issues as the medical students grant campaign and producing an all London medical and dental schools alternative prospectus. Attendance has also been good at national MSSIS meetings and other conferences.

Once again it would have been impossible to run Union affairs without the help of staff members, particularly from the Medical School: Mr. Baker, Mr. Fendick and Mr. Bompas, who 'retired' this September and has been of invaluable assistance throughout the years with his unflagging interest in student affairs – we will miss him greatly. Special thanks are also due to Mr. Shaheen as Chairman, Professor Naylor as Senior Treasurer and Dr. Knight, a past Chairman of the Clubs' Union who is now retiring from his post as Vice-Chairman after many years' valuable contribution.

Finally I wish Nigel White and his team all the best for the coming year and I hope that you, the students, will give them your fullest support and communicate your views and wishes to them.

Gerry Skailes
President

Charities Week

by Angela Feazey

Charities week took place on 23rd January to 1st February. Thanks to the enthusiasm and hard work of all involved, the week was generally considered a great success.

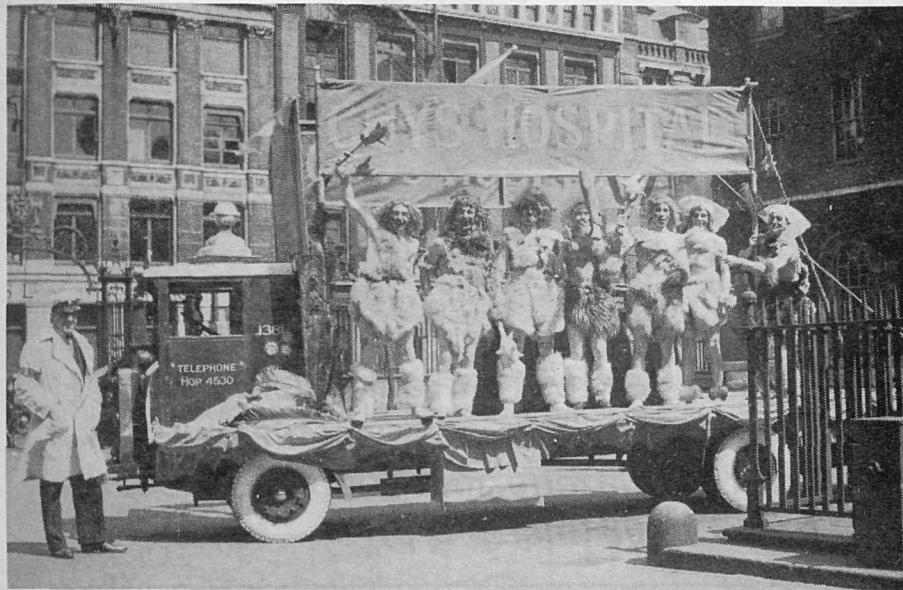
Apart from the essential evening events we organised a hitch-hike, a shaving foam fight with the lecturers, an auction, and a pub crawl. Although few people finally went on the hitch-hike, those who did go had a thoroughly good time. Prizes went to Mark and Jim from Ferndale for raising the most money and to Boris and his friend from Edinburgh for the astonishing feat of hitching to Switzerland and back in 48 hours.

The auction of original cartoons was an incredible success, raising approximately £1400. At the very last minute we managed to get an auctioneer from London Bridge Auctions, who, after drinks and lunch at The George with Vanessa, succeeded in entertaining everyone in the Harris Physiology Theatre. Those unable to attend this unfortunately missed the highlight of the week.

The tarts and tramps pub crawl happened on the Friday lunch time and raised about £1500. This was helped by the ridiculous attire of most blokes in fishnets and short skirts (or no skirts at all!) and the girls rather more suitably clad in the same gear but with better applied make-up.

All the evening events went well, although fund-raising here was limited. Poorest attendance was surprisingly at the Real Ale night, but this seemed to be enjoyed by everyone there. 'Grease' proved an excellent choice, thank goodness, and the bar extension at the Inflam that followed was much appreciated, except perhaps by the bar staff.

Finally I would like to thank all those who helped and donated to the charity. Special thanks are in order to those who persevered with the collections and even made it to Covent Garden on the Saturday. We raised about £10,500 in total which is going to the Evelina Children's Hospital to build the Ronald McDonald House.



Charities Week, 1920. Has anything changed?

Guy's Hospital Gazette



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Medical Education in the United Kingdom and the United States: Problems and Solutions

by **Dr. Richard S. Ross**

Dean of the Medical Faculty, Johns Hopkins School of Medicine, Baltimore, Maryland, U.S.A.

This article is taken from a talk given by Dr. Ross at the Guy's-Johns Hopkins 40th Anniversary Reunion, at Guy's Hospital on 12th June 1986.

Recently a celebration was held to mark the 40 years of the Hopkins-Guy's Exchange. This period has been characterised by tremendous success in medicine: research has given us penicillin, poliomyelitis vaccine, open heart surgery, an understanding of the molecular basis for genetics and immunology, and fantastic new techniques for imaging the human body. These and other advances have improved the quality of medical practice and hence been of tremendous benefit to mankind. But this medical progress has created new problems with which both our institutions must deal. The health of Guy's and Hopkins in the next 40 years will depend on how imaginative and effective we are in addressing these problems.

Possibly it is my background in cardiology that leads me to think about problems by means of simple flow diagrams such as that in Fig. 1. I propose that it is the success of biomedical research that lies at the root of many of our current problems. Money from government and industry has funded research that has led to better treatment and diagnosis of disease.

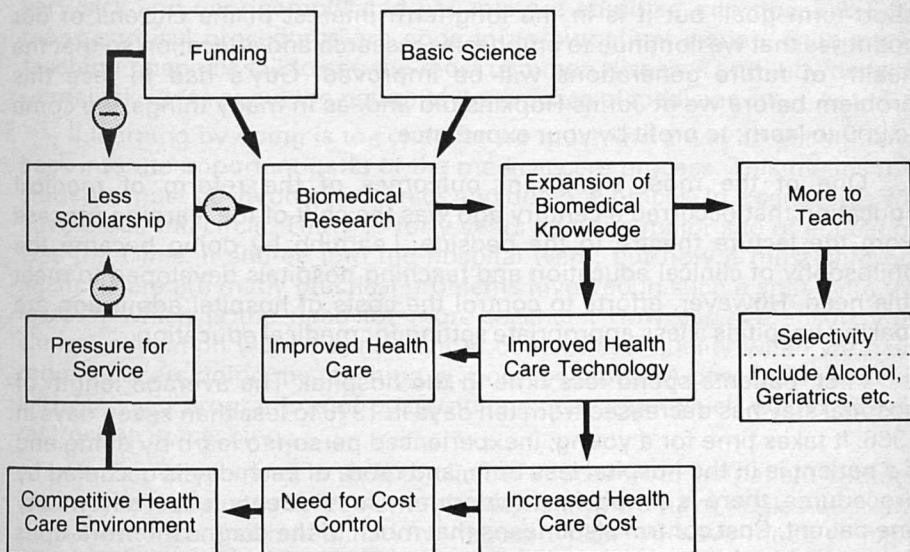


Fig. 1 The relationships between biomedical research and other aspects of health care

Sophisticated – and usually expensive – technology has made health care more effective, but also more costly. Other factors such as expansion of hospitals and the increased numbers of physicians have also contributed to the rise in costs. Now, society demands that remedial steps be taken and these cost control measures will cause fundamental changes in the activities of the academic medical centre. For example, the hospital ward may no longer be the most appropriate setting for clinical learning. That is my first topic. Secondly, we must remain competitive in the health care market if we are to survive. Yet, somehow, we have to enable our clinical faculty to engage in research and teaching.

Two additional points arise from Fig. 1. The first has to do with the view one might take from the White House or 10 Downing Street. The occupants of those offices might well say, "If the objective is to cut the cost of health care, and research is the force driving up costs, the solution is obvious: cut research funding." This is a logical, but short-sighted, solution to the problem. A second problem is created by the expansion of biomedical knowledge. This is a pedagogical problem created by the need to transfer this knowledge to students. This problem is compounded by a need to make other socially important topics, such as alcoholism, geriatrics and rehabilitation, a part of medical school education. Today's students have more to learn, but no more time for learning than students of previous generations. This important problem of overcrowding of the curriculum is outside the intended scope of this article.

There is no question about the need for cost control, but if we are not careful, cost control measures may interfere with the primary mission of the medical school, which is the discovery of new knowledge through research and its dissemination by education (Fig. 2). Cost control is a necessary short-term goal, but it is in the long-term interest of the citizens of our countries that we continue to emphasise research and education so that the health of future generations will be improved. Guy's had to face this problem before we at Johns Hopkins did and, as in many things, we come to you to learn; to profit by your experience.

One of the most significant outcomes of the reform of medical education that occurred a century ago was the shift of the learning process from the lecture theatre to the bedside. Learning by doing became the philosophy of clinical education and teaching hospitals developed to meet this need. However, efforts to control the costs of hospital admission are making hospitals a less appropriate setting for medical education.

First, patients spend less time in the hospital. The average length of hospital stay has decreased from ten days in 1976 to less than seven days in 1986. It takes time for a young, inexperienced person to learn by doing and if a patient is in the hospital less time, and more of each day is occupied by procedures, there is simply less opportunity for students to learn from any one patient. Cost control also means that much of the diagnostic work-up is done outside the hospital, so that the student is often excluded from the process of problem-solving. Furthermore, cost control dictates that only the

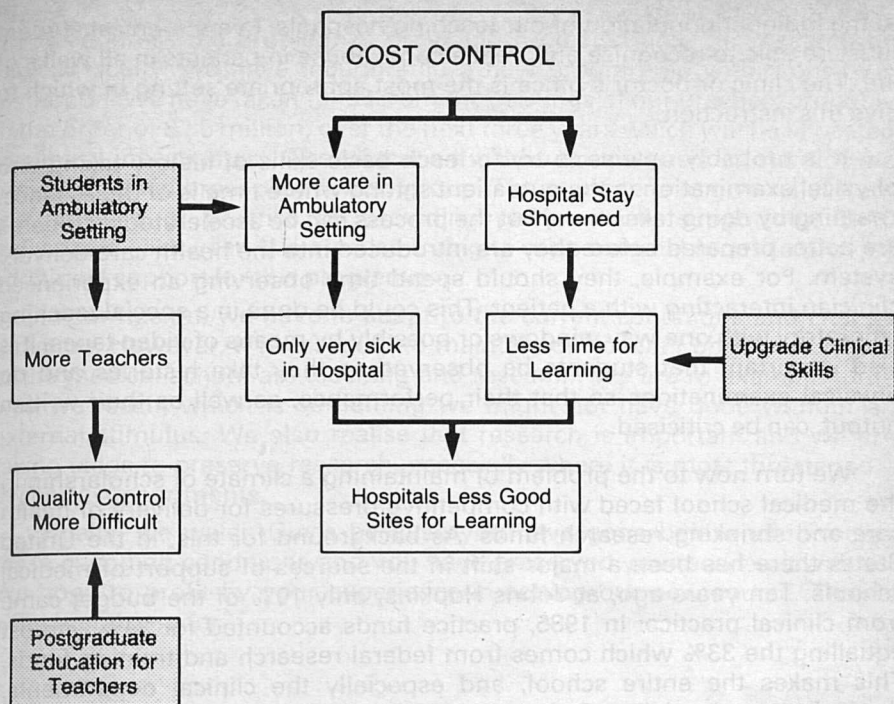


Fig. 2 The consequences of health care cost control measures on medical education

very sick and very complicated patients are admitted into hospital. Even many surgical procedures are done in an outpatient setting. Students in teaching hospitals fail to see the most common diseases and they develop unrealistic ideas about the nature of the practice of medicine.

If learning by doing is to continue, we must find a way to get students back into the important parts of the medical care process. This means that students must be involved in clinics and doctors' offices. In a sense, we will have come full circle. Thirty to forty years ago, the major site of education was the clinic. It shifted into the hospital ward, but now it must shift out again. There are many practical problems involved in such a shift – not the least of which is the need for more teachers. How can we ensure that clinical education will be consistent in content and quality when we have more teachers doing the teaching in more locations? A possible solution is an organised programme of postgraduate education which would include instruction in teaching.

On the other hand, a shift of clinical education to outpatient settings may make it easier to solve some problems that we have neglected in the past. Geriatrics and rehabilitation – about which we have much to learn from our British colleagues – are examples. Alcohol and substance abuse are others. Students need to see alcoholism as a problem that is not limited

to the indigent population of our teaching hospitals. Every medical student must be able to recognise and treat alcohol abuse in patients in all walks of life. The clinic or doctor's office is the most appropriate setting in which to give this instruction.

It is probably unwise to try to teach basic skills of history-taking and physical examination in the outpatient setting where time is of the essence. Learning by doing takes time, but the process can be accelerated if students are better prepared before they are introduced into the health care delivery system. For example, they should spend time observing an experienced clinician interacting with a patient. This could be done in a special teaching laboratory with one-way windows or possibly by means of video tapes. It is also important that students be observed as they take histories and do physical examinations so that their performance, as well as their written output, can be criticised.

We turn now to the problem of maintaining a climate of scholarship in the medical school faced with competitive pressures for delivery of health care and shrinking research funds. As background for this, in the United States there has been a major shift in the sources of support of medical schools. Ten years ago, at Johns Hopkins, only 10% of the budget came from clinical practice. In 1985, practice funds accounted for 31%, almost equalling the 33% which comes from federal research and training funds. This makes the entire school, and especially the clinical departments, dependent on the delivery of service. Furthermore, there is great competition among care providers in the community, and if the medical schools do not move aggressively into the marketplace, they will be in serious danger of not having patients for teaching and research. The affiliated hospitals will be in economic distress and the schools will lose professional fees upon which they have become dependent. These pressures drive faculty practice plans to grow and each individual faculty member must spend more time seeing patients and less time doing research and teaching.

Another obstacle to clinical research is that clinicians must compete more strenuously for a share in the dwindling pool of federal support. Not only do their projects lack the glamour of research at the cellular level, but clinical scholars are competing against people in the basic science departments who have no conflicting obligations. However, clinical research is still very important. We need clinical scholars who will apply the products of basic research to clinical problems and we need people in the clinical departments who will go to the laboratory to seek solutions for problems they have encountered in patients. A clinician doing research in these times quickly learns that to pursue a problem to a conclusion, he must be able to use the tools of molecular genetics and protein chemistry. Therefore, we must encourage the potential clinical investigator to take 2-3 years in a basic laboratory to acquire these skills. But this is not enough. After he returns to the clinical department he must have protected time to apply what he has learned to clinical problems. If this is not specifically provided for and funded, his clinical obligations will occupy all his time and his skills in molecular biology will undergo disuse atrophy.

To address the problem of providing protected time for research by clinical faculty, we have inaugurated a new programme within our own institution. We have taken funds from the earnings of our practice, probably in the order of \$2.5 million, over the next three years which will be allocated to clinical investigators. The allocation will be on the basis of merit of the project by an internal peer review group. The purpose is to give relief from the pressure of practice by providing partial salary support for 5–10 individuals each year. We are also trying to raise external funds to provide additional support for this programme.

In conclusion, we have to adapt to the current conditions and change direction. However, it is essential to maintain our overall objectives which at the medical school are teaching and research. We are re-examining the way we teach, which is something we might not have done without an external stimulus. We also realise that research is important and we are taking steps to preserve research, especially where it is most threatened – in clinical departments.

Finally, we watch Guy's because you have gone before us in facing these changing conditions and you have preserved your academic values. We hope to profit by your experience in setting our new course. That is what friends are for.

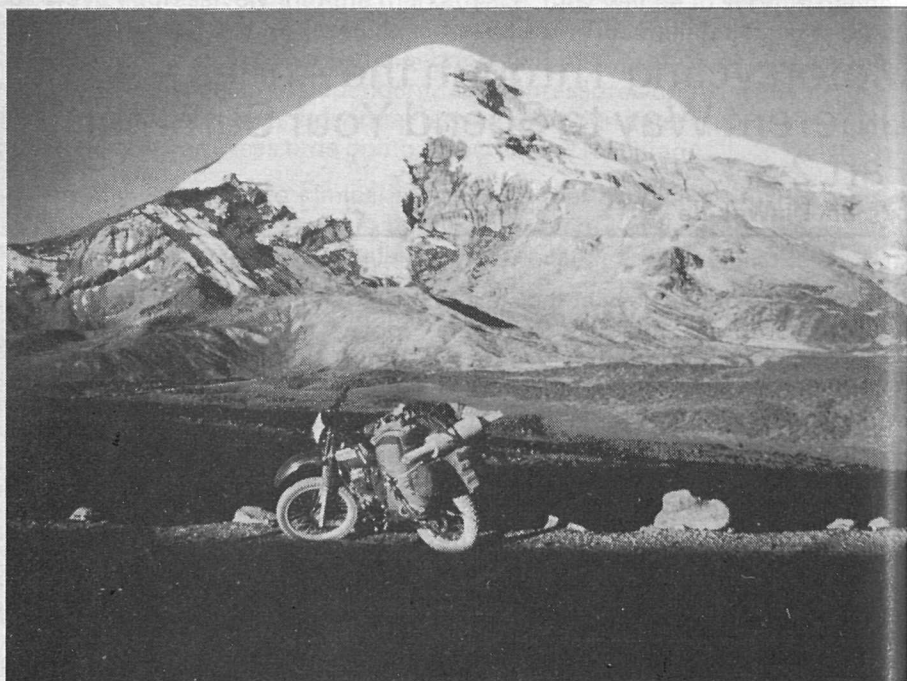
Motorcycling Through the Andes – A Different Way to Spend Your Summer Part 2

by Mark Dinwoodie

The delay of five days at the start of the Expedition and our slower than intended progress through Colombia, meant that we were forced to abandon any attempt on Nevado del Huila, the highest mountain in Colombia and instead continued into Ecuador. Three of us had remained behind at the border for a day while Harry recovered from a bout of diarrhoea and vomiting, and it was with some concern that we arrived in Quito to hear that the others were down at the local 'botch-shop' trying to rebuild one of the bikes. The bike had a buckled front wheel, bent forks and a few other alterations to its original design. I had expected Jonathan to be in a similar condition having come off at 50 m.p.h., but to my amazement he only had a few bruises and grazes containing various components of the Ecuadorean 'hard shoulder'. Most of the bike's weight was taken by one of the rucksacks strapped on the side and prevented the full weight from falling on his leg.

Quito is a fascinating city, the old part now overshadowed by the more modern 20th century buildings. We stayed there for three days and climbed Pichincha (15,728 ft) overlooking Quito, to gain some acclimatisation and were rewarded with some superb views over the city and across to Catopaxi (19,350 ft). Unfortunately on returning to the foot of the mountain we discovered that our helmets had been stolen.

The next day with our newly acquired guaranteed-to-give-you-a-headache-within-half-an-hour helmets we set off to try and climb Chimborazo, at 20,703 ft the highest mountain in Ecuador, lying about 100 miles south of Quito. About 4 miles from the mountain, the track that we had been following became covered in volcanic ash. Within a few yards I had burnt out the clutch on my bike, so things didn't look too good until a German van happened to get stuck from the other direction about 100 yards ahead. We agreed to push him out if he would take Mark, our mechanic, and my bike down to the nearest tow. With a few cries of blackmail he reluctantly agreed. We pushed the bikes through the obstacle with some difficulty and arrived at the climbing hut (15,748 ft) at 6 p.m. just as the sun was setting. I was amazed that the bikes had made it up to the hut – the same height as the summit of Mt. Blanc. We managed to make a quick assessment of the proposed route before the sun set, leaving a cold clear night.



The conditions were perfect for climbing so Nick and myself set off at midnight to try and climb the remaining 5000 feet to the summit. It is important to climb in the cool of the night when the snow is hard rather than during the day when the sun softens the top few inches making it harder to progress. The risk of stonefall and avalanche is also much less. Guided only by our headtorches, a description of the route and what we had seen earlier that evening, we made quite good progress: diagonally up a scree slope and onto a ridge that led up through an ice gully onto a steep snow field. At the upper end of this we traversed left under some ice seracs before gaining the final summit ridge as it became light.



We began to feel exhausted, not having slept for 24 hours and having eaten little didn't help matters. We finally made it to the summit at 10 a.m. We were standing on the point furthest from the centre of the earth (due to the equatorial bulge) and admired the view down to the sea of cloud below us. The hut was a speck on the landscape far below. We began to feel very ill as the symptoms of altitude sickness set in – we had met it before and knew that the best cure is descent, although I had the Frusemide at the ready. We staggered down as quickly as we could, taking care to cross the crevasses and resting about every hundred yards. 5 hours later we arrived back at the hut exhausted.

With all 8 bikes now roadworthy (more or less) we descended through miles of banana plantations towards the coastline and into Peru. We had received a message from the British Embassy in Lima strongly advising us not to climb Huascaran due to the increasing problems of left-wing guerillas and their recent choice of tourist targets, so we headed straight to Lima. The coastline, at first different and interesting became a little monotonous as most of the scenery was desert, occasionally interrupted by a large fishing port. We were naturally disappointed at missing the opportunity of going inland into the mountains.

One of the bikes developed an oil leak which sprayed oil onto the back wheel making it too dangerous to continue. We therefore had to stop overnight in the middle of the desert, open up the crank case, make up a gasket out of gasket paper and hopefully try to fit it all back together again, praying that it would do the trick. We had fortunately come well prepared with spares as most South American Honda dealers catered for somewhat older machines and had never set eyes on our 250cc XL trail bikes.

The next night miles from anywhere, I thought that Mark might have developed appendicitis and was considering the feasibility of evacuating him to the nearest hospital which would take two days to reach. Thankfully as his symptoms progressed it became evident that it was another gut infection.

There was a state of emergency when we arrived in Lima and a curfew from 1 to 5 a.m., but in effect this only meant that people could actually get a good night's sleep without being disturbed by traffic. Much of Lima had been destroyed by an earthquake in 1971 but there still remained many historical sites of interest worth visiting. The city seems to spend most of its time engulfed in a grey mist.

With only six days of the six weeks remaining we had the challenge of completing the last 1000 miles to La Paz in Bolivia. The journey involved crossing the Andes between Arequipa and Puno, on a road that was marked on the maps as a 'track' and which went up to 15,100 feet. We arrived at Arequipa in time to see the end of a spectacular festival and set off early the next morning, after a live interview on the breakfast radio show. The driving proved to be very difficult and we could only average about 15 m.p.h. We drove through a pack of Alpacas (similar to llamas with long woolly hair) which seemed as surprised to see us as we were to see them. We were forced to spend the night in a small village at 14,500 feet. The owner of the only "cafe" allowed us to sleep on his floor. The temperature dropped to -5°C, and while we were nice and warm in our down sleeping bags, the bikes were not faring so well outside. Next day the not-so-multigrade South American oil was like treacle and it took us several hours to get them all started. Besides which the effort required to kick them over at that altitude left us exhausted. We passed a beautiful lake covered with flamingoes and then descended to Puno on the edge of Lake Titicaca as it grew dark.



A pleasant journey along the west side of Lake Titicaca (over 100 miles long) took us through some of the Altiplano, at 13,000 feet appropriately named, and gave us the opportunity to see the lifestyle of much of the population: a few huts clustered here and there trying to cultivate as much of the land as possible. We crossed the lake by a fairly dilapidated ferry and carried on to La Paz in a snowstorm, apparently their first snow in 7 years. We were extremely cold and wet by the time we arrived and spending several hours to try and find somewhere to stay didn't make us feel any better. At 13,000 feet La Paz is the highest capital in the world and lies in a natural cauldron carved out of the Altiplano. It is a city of unique interest and character, but surprisingly expensive to live in. The latest Government (they have had a coup every nine months on average for the last 150 years) is pleased with the economy because inflation has settled out at a mere 2000% per annum!

We were delighted to have reached our target – a goal that had seemed so unrealistic a few months earlier. I was amazed that everyone had made it in one piece. Although I had gone prepared for most misfortunes, I was relieved that there hadn't been too many medical difficulties to deal with – the inflatable leg split thankfully remained unused. Most of the ailments were aches and sprains, headaches and gastrointestinal problems. Somehow we also managed to get through the scores of police check points without having our kit searched once.

As the plane lumbered out of La Paz taking an unbelievable 65 seconds to become airborne due to the altitude, we left behind the rear party to arrange for the shipment of the bikes back to England via Chile and to attempt to climb Nevado Sajama. We took back with us many happy memories, several thousand photographs and a few sore sacra.

Our thanks go to our sponsors who made the trip financially possible and to all those who gave us advice and help.

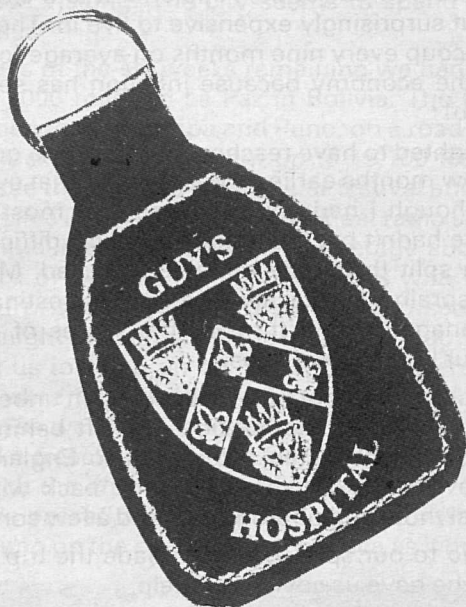
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Medical Students' Trip to the U.S.S.R.

by Helen Crimlisk

The second visit to the U.S.S.R. by a group of 17 medical students and one student nurse took place in two weeks of August and September. The trip was organised in conjunction with the U.K. – U.S.S.R. Medical Exchange Programme. This programme was established by the Medical Campaign Against Nuclear Weapons and the Medical Association for Prevention of War (U.K.). The purpose of the Medical Exchange Programme is to exchange medical knowledge, to study Soviet attitudes to the West and vice versa, to increase basic trust and understanding between health workers of the two countries, and lastly to work for international cooperation in bringing about a fair distribution of global medical resources.

Our visit was arranged through Intourist, the main Soviet tourist organisation. We started our trip in Moscow, where we visited the First Medical School of Moscow and a paediatric clinic. We then travelled by overnight sleeper to Leningrad where we visited a cardiology centre; finally on to Smolensk, a small city with a population of 320,000, 380 km west of Moscow. Here we visited the Medical School and met a group of medical students, and also visited a polyclinic and a dental polyclinic. From these visits, and by talking to people we met in the U.S.S.R., we formulated opinions about the medical system in the U.S.S.R. In this article I have tried to present these ideas; however, they must be regarded as my impressions only, since they were obtained by word of mouth and cannot necessarily be confirmed.



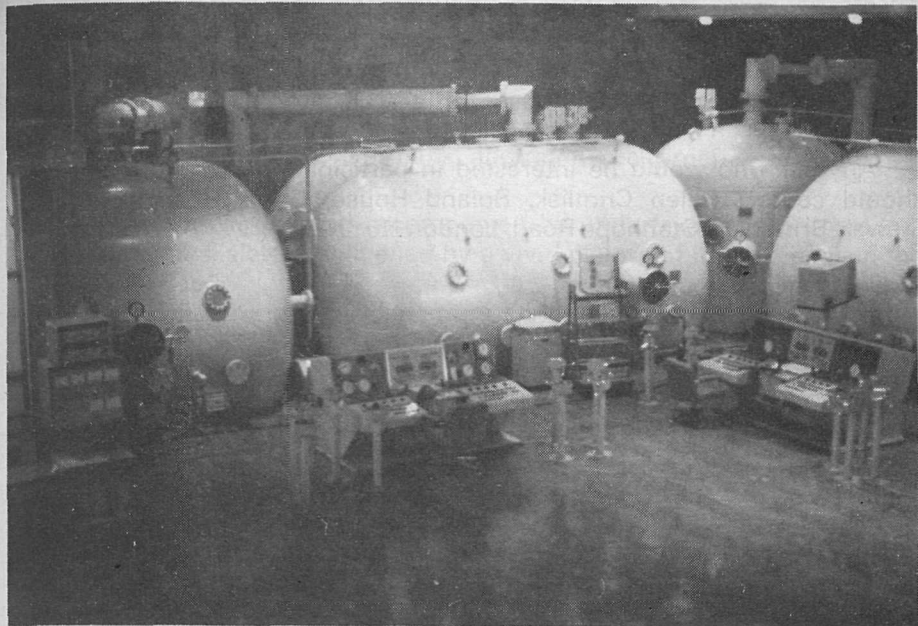
A group of the British medical students outside the Dental Polyclinic in Smolensk

Health services in the Soviet Union are free to all at the time of need, although nominal payments are required for dentures, spectacles and medicines. Medicines are, however, free for those with long-standing illnesses such as diabetes or hypertension. When people are ill they go to their local polyclinic. The polyclinic which we saw in Smolensk had 40 doctors; about 30 were the equivalent of our general practitioners, each having 1800 patients. The others were specialists in cardiology, psychiatry, obstetrics and gynaecology, ear, nose and throat, ophthalmology and urology etc. There are also a laboratory and facilities for radiology and physiotherapy. Patients may go directly to a specialist, or to a general practitioner who may then refer them either to one of the polyclinic specialists or on to hospital. There is always a general practitioner on call, and home visits are very common. However, emergencies are dealt with by the local hospital. This system seems to resemble the new health centres being set up in the U.K., with on site nurses, physiotherapists and basic laboratory facilities.

Considerable emphasis is placed on preventative medicine. Both cigarette smoking and alcohol consumption are strongly discouraged. All Soviet citizens must attend an annual prophylactic examination by their general practitioner, often through a clinic at their place of work. They undergo regular blood and urine tests and women have yearly cervical smears. Contraceptives are available without prescription, and we were told that most women prefer barrier methods rather than the contraceptive pill. If a woman does have an unwanted pregnancy, abortion is available on demand. In one hospital which we visited, we were informed that there were as many abortions performed each day as there were births. Perhaps because of this, the birth rate in Russia has been dropping steadily in comparison to that in other republics of the U.S.S.R., and there is now considerable financial incentive for having more than one child.

Medicine in the U.S.S.R. does not have the prestige that it has in the U.K., sciences and engineering being more popular subjects to study. There are, however, still ten people applying for each medical studentship in Moscow and three for each place in Smolensk. Students leave school at 17 and must take an entrance examination to get into medical school. The medical schools are completely separate from the universities and are responsible for training all health workers. Over 75% of medical students are women, Soviets believing that women, being more sympathetic, make better doctors. However, it is interesting to note that surgery, as in the U.K., is male-dominated, this being considered to be too demanding for women.

Medical training takes six years in all, the first year being equivalent to our "A" level year, where students study biology, physics and chemistry. The second and third years are spent, as in the U.K., studying physiology, biochemistry, anatomy and pharmacology, and the last three years are spent on the wards. Final-year students are also required to learn how to perform *post mortems*. During their first three years they study Latin, since all prescriptions are written in Latin. Students are also required to learn either English, German or French so that they are able to read Western



Hyperbaric oxygenated operating theatres in the First Moscow Medical School.

medical journals. Throughout their course, as in all Soviet further education courses, students are required to spend one hour a week studying "scientific communism". Although not compelled, they are also encouraged to take part in cultural clubs, sports, creativity classes and peace clubs.

When students are accepted for medical school, they must apply for a grant. We were surprised to discover that grants were not an automatic right but were allocated according to academic standard. The normal stipend is 40 roubles per month, but exceptional students may apply for a "Lenin Scholarship" of 100 roubles per month – the exchange rate is one rouble to the pound. Both these payments may be withdrawn if the student does not achieve an adequate standard in his work. Approximately 25% of medical students are married and 15% have children, and mothers are always entitled to the basic stipend. Grants are supplemented by students working in the evenings, at weekends, during the summer and often by substantial contributions from parents. During the ten-week summer vacation, they take part in reconstruction work, often in Asia or Siberia, for which they are paid about 300 roubles.

Salaries in the U.S.S.R. range from 70 roubles a month for cleaners, up to 700 roubles a month for people with a national responsibility. Most people get between 100 and 200 roubles per month. Nurses are paid 80 roubles, and doctors between 110 and 200 roubles. Wages are supposed to represent the perceived risks of a job and the national responsibility involved: thus, miners receive up to twice a doctor's wage, and the highest-paid doctors are those working with infectious diseases and radiation.

Two weeks is a short time to try to dispel the prejudices which were inevitably present in our minds at the beginning of this trip. Nevertheless, the trip has allowed us to gain an insight into an alternative system of medical training and practice based on a radically different political and social situation.

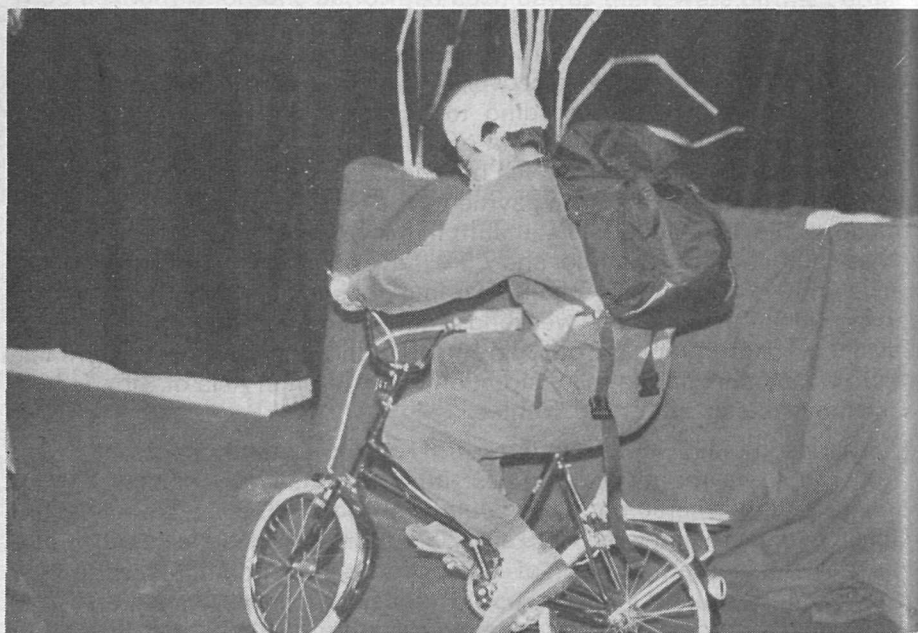
Anyone who would be interested in participating in next year's trip should contact Helen Crimlisk, Boland House, Guy's Hospital; or Dr. Stewart Britten, 9d Stanhope Road, London N6 5NE.

The Residents' Play "Wind in the Pillows"

reviewed by John Rees

It has long been the case that the story line of the Residents' Play wanders erratically through the evening. Time is needed to develop the local characters and for the musical interludes. This year's play was no exception, but on this occasion we were guided through the plot by the excellent Marcia Hall as narrator, singer and dancer, in addition to her earlier contributions as writer and director.

Much of the action in Kenneth Grahame's version deals with the fate of Toad, and Nick Maynard in his portrayal of Cyril Chantler busied himself with the fate of his hospital. He rushed around helped by his renowned bicycle but seemed rather bemused as he lost control of events in Toad's hospital.



Toad touring the wards

Mole opened the first act, in the guise of a dynamic dermatologist, sporting a neat line in fried eggs on his tie. Next to appear were Badger and Otter. Otter has a small part in the original and updated versions, but few Residents' Plays have been able to manage without a characterisation of George Scott. Both Otter and Badger seemed to be rather attracted by a new development on the river bank, and many other members of the cast showed a similar interest.

A geriatric ward round accompanied by undertaker and grim reaper rehabilitated a skeleton, enlivened by a vivid picture of incontinence in the song "Crap Rap".

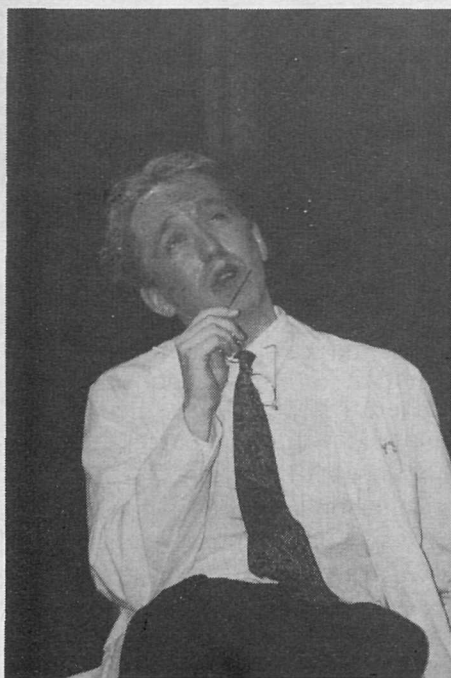
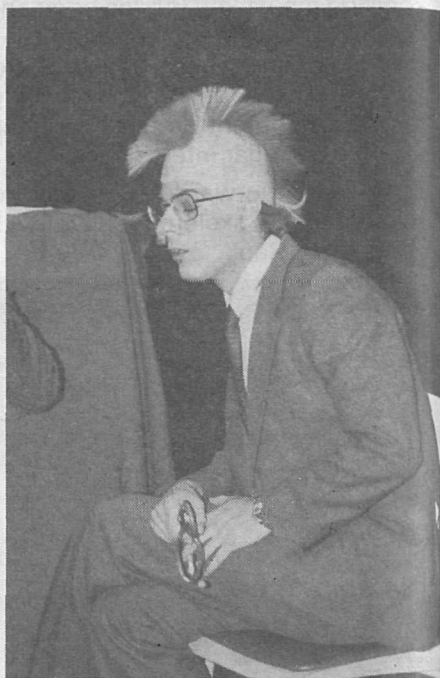


The multidisciplinary team

Ratty appeared to represent a small, busy administrator who found it impossible to keep count of the beds. I presume this was artistic licence: it is hard to imagine that such difficulties are really known to occur. His counting was disturbed by a surgical Professor quoting incessantly from Shakespeare. On the evening I watched the play, the Professor was unfortunately songless after a late intervention from the censor's red pen. Since the same pen seems to have reached the script I was given, I am unable to supply the text for those who missed the dress rehearsal.

Portrayal in the play as a senior registrar used to be a sure sign that you were time expired, so I presume James Dennison and Adam Timmis must be keeping the photocopiers busy with their CVs.

The move of New Cross to Guy's was not spared. John Edwards's doleful face put over a version of a rheumatologist so depressed that he looked in urgent need of ECT. The recipient of the characterisation seemed amused by the exaggerated portrayal. His bearded New Cross partner displayed a knowledge of the *Chinese Medical Journal* nearly as great as



"Budding consultants"

Professor McWeasel's knowledge of Shakespeare. Helped by a member of the audience (a budding chest physician called Fry on the night I was there), he even pretended a primitive knowledge of chest X-rays.

An amusing Case Conference in the Counting House discussed the fate of Toad and decided on sectioning, while the cardiothoracic staff mused on the advantages of consultant life and the disadvantages of the house officer's position.

The fate of Toad having been decided, the scene switched – why, I can't remember – to the Intensive Care Unit, where Mike Barnett is reminded of the one occasion in the last 10 years that he lost his temper. The fate of a 52-year old white Caucasian foot was saved by the timely entry of Adam Timmis or, possibly, Superman. The scene finished with the excellent Cardiac Arrest song:

"Another one Bites the Dust"

Da da dum dum dum, (clap) da dum dum da d'dum

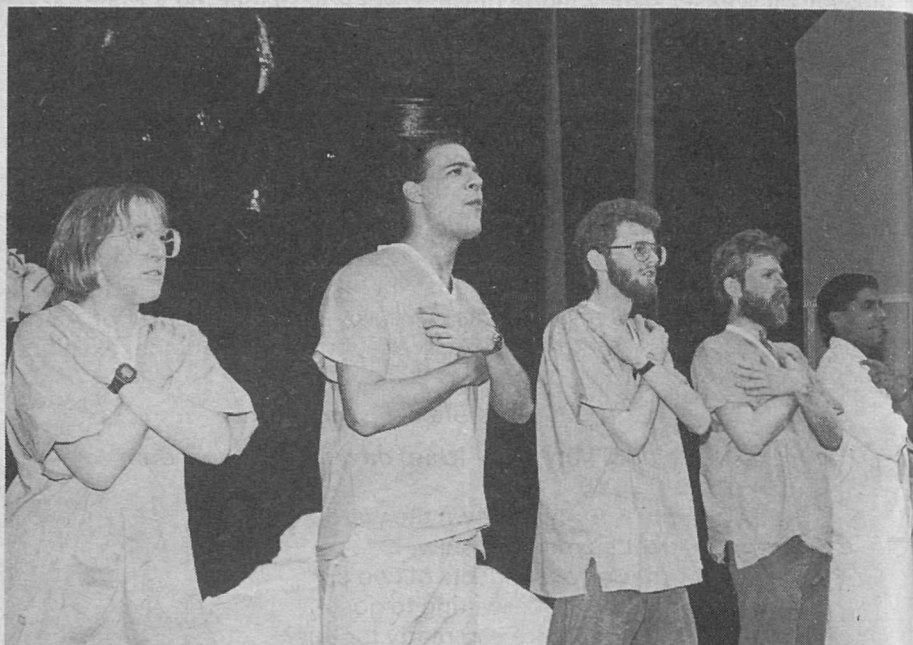
A nurse is running down the ward,
A patient's breathing slow,
Now they're dialling lots of two's,
The Crash Team's waiting to go.
Are you ready, are you ready for this?
Are you hanging on the edge of your seat?
Out of the doorway the Crash Team runs,
Answering the sound of the bleep.

Da da dum dum dum, (*clap*) another one bites the dust.
Thump, thump, thump – blow, another one bites the dust
And another one gone,
And another one gone, another one bites the dust.
Hey, we're gonna defib' you, another one bites the dust.

*Da da dum dum dum, (clap) da dum dum da d'dum,
Da da dum dum dum, (clap) da dum dum da d'dum.*

How do you think we're gonna get him back?
He's in asystole.
Give that cat some adrenaline neat,
Can you feel a femoral beat?
Are you ready, are you ready for this?
Let's get that monitor on.
Are you ready, are you ready for this?
Now the son of a bitch is gone!!

Da da dum dum dum, (*clap*) another one bites the dust.
Drip, thump, drug, shock, another one bites the dust.
Give me plenty of volts,
Give me plenty of volts, another one bites the dust.
Hey, you, get an airway down, another one bites the dust,
And he's gone!



The Crash Team

Toad's stay in the York clinic was enlivened by the entrance of ghosts of cleaners, catering staff and engineers past. Thrown out in Toad's ruthless drive to cut costs by contracting out hospital services, they came back to haunt Toad with their plans for disruption. It was good to see the Play maintaining its reputation for stinging political comment.

Hammers, chisels, surfing planes
No more whistling at passing dames.
Life becomes so drab and grey
When you have to work all day.

Hope the new boys keep tradition
Lots of tea and hot sedition.
Block up gangways with old bricks
Nick the light bulbs, just for kicks.

Chain saws, cargoes, JCBs,
We could knock it to its knees.
We're the ghosts of workers past
Don't forget we're not the last.

Marcia Hall leaves her narrator's chair for the heart-rending Houseman's Nightmare song. This keeps up the long tradition of using adapted Gilbert and Sullivan in the Residents' Play and, in an attempt to provoke sympathy for the houseman's plight, seemed to bring back fond memories of nights on the house among the older members of the audience. It does the same for those on stage, who reminisced about their days as housemen, each excelling the last in his recollections of the hours worked and the successes achieved.

But at last Toad has escaped from the York Clinic and comes to rally the troops in defence of his hospital. Pandemonium ensues and seems to affect all except Mac and Rodney who, for some reason, appear to be pleased to have left the tranquillity of New Cross to compete for the remaining bed at Guy's.

As usual, it was an enjoyable evening, greatly helped by the piano playing of Ray Lamb. Most of the tributes go to Marcia Hall, who put so much effort into the performance. Mention must also be made of the great energy and enthusiasm of Harri Jenkins's performance.

Consultants in the audience emerged either relieved that their portrayal was not too harsh, or upset that they had been overlooked and determined to work on their idiosyncracies in the hope of a substantial part next year.



Marcia Hall receives the plaudits

Dr. Alfred Salter – His Work in the Community of Bermondsey. Part 1

by Tim Illidge

winner of the St. Thomas' & Guy's Historical Essay Prize 1986.

Alfred Salter was born on June 16, 1873 in South Street, Greenwich, the eldest of four children. His father was an administrative officer of the Metropolitan Gas Company and following an increase in the father's modest salary the family moved from Greenwich to Wemys Road which descends from Blackheath Village to be closer to the open space of the heath.

Whilst at school he does not seem to have particularly excelled at his studies and the idea of studying medicine must have seemed an impossibility. Although his parents did provide the help for his wish to become a doctor the cost of the medical course was well beyond them. Fortunately however, the Roan school where he was studying had an exhibition of £50 a year for three years at Guy's Hospital Medical School. He dutifully applied himself to the task and despite being the youngest competitor won it. As he himself said later on in his life, without the help of the exhibition it would not have been possible for him to enter the medical profession.

He started at Guy's Hospital Medical School in 1889, commuting each day across the slums and squalor of Bermondsey from Blackheath. As a student he was extremely dedicated to his work and spent the entire summer vacation learning German so that he could understand the best original research of the time. Salter's achievements at Guy's were exceptional. The *Hospital Gazette* commented, April 10, 1897:

"To him that hath shall be given; and Dr. Alfred Salter, having already won scholarships, prizes and two gold medals at London University has now been examined in the sanitation of our college and kindred matters, and having reported enthusiastically in favour of the first and with equal accuracy on the other subjects, has been awarded the Golding-Bird Gold Medal and Scholarship. We again offer him our heartiest congratulations, and continue to speculate upon the weird possibilities of his future career".

Whilst performing his student duties as part of the obstetric course Salter began to visit Bermondsey homes. Here he was brought face to face for the first time with mothers at childbirth in damp oppressive rooms, without a proper water supply, with children who, if they survived infancy, had no opportunities of education. These experiences made a profound impression upon him. He was angry at the injustice of poverty and the appalling housing conditions in the borough. These emotions may well have kindled the idea of devoting his life to the service of the people of Bermondsey. Salter's student days were certainly marked by a great development of his political convictions and activities. His socialist opinions earned him the nickname "citizen Salter" by his fellow students.

In 1897 he was appointed house physician and resident obstetric physician at Guy's and for the first time he left his parents' home at Lewisham Hill. He had long wanted to emulate Joseph Lister whose discoveries he had marvelled at whilst a student and following his house-jobs he realised his earlier ambitions and was invited by Lister to become bacteriologist to the anti-toxin department of the British Institute of Preventive Medicine at Sudbury. This appointment was accompanied by another success when he won the Gull Research Scholarship in pathology. His research work was establishing his name in England as well as abroad. In particular the paper on "The functions of nerve cells" which won the Treasurer's prize of the Physical Society in 1896 attracted attention not only in Britain but also in Germany, Austria and France. Amongst his other papers were "The elimination of bacterial toxins by means of sweat" published in the *Lancet* 1898 and "The pathogenicity of pseudo-diphtheria bacillus and its relation to Klebs-Loeffler organism" published in the *Transactions of the Pasteur Institute*.

Once appointed as the bacteriologist at the Lister Institute he was able to give some practical form to his idea of serving the people of Bermondsey. He did this via Sir Cooper Perry, Guy's medical superintendent whom he asked for an introduction to Dr. Scott Lidgett, the head of the Bermondsey Settlement (he retired in 1949 at the age of 95). Salter had great admiration for Dr. Lidgett because he knew he had sacrificed an academic and ministerial career to serve the poor of Bermondsey.

Salter's first move in his longstanding connection with Bermondsey was to take up residence at the Settlement in September 1898 whilst still continuing his researches at the Lister Institute during the day. His spare hours were now occupied with the varied social welfare activities of the Settlement. Almost immediately he made significant changes to the life of Bermondsey, establishing a dividing insurance society which gave allowances to members during ill-health and distributed the surplus at Christmas. The security of payment during illness proved to be of enormous benefit to many families; in this connection it must be remembered that there was of course no State insurance at this time. In addition, he started a men's adult school on Sunday mornings. On Sunday afternoons he made the habit of retreating to Kent with its open countryside, away from both the Institute and the Settlement.

Very shortly after joining the Settlement, Salter met a young woman who had also just joined. Ada Brown had come from a middle-class background in Northamptonshire and, so that she might identify herself completely with the people of Bermondsey, was living in a working-class tenement. From the beginning they showed a common enthusiasm for political, social and economic changes and both felt the need to live and work in Bermondsey. Salter became a Christian not long after meeting Ada Brown following a series of lectures in Southwark Park by Dr. Lidgett. Interestingly, these lectures were by way of reply to G. W. Footes' lecture on "The Case Against Christianity" and Salter had gone only because he enjoyed a good debate.

With only a few months remaining at the Lister Institute, the post of bacteriologist at Charing Cross fell vacant. Salter then made a life-changing decision to give himself to Bermondsey, a working-class practice, politics and social reform. He made his first surgery in a vacant shop on the corner of Keetons Road and Jamaica Road. Ada Brown and Salter, once married, lived upstairs to the surgery.

During his time at the settlement he had become very aware of the miserably low wages and unemployment relief on which the riverside population existed. He decided much to the annoyance and, in some cases, outright opposition of his professional colleagues, to bring medical advice and treatment nearer to their needs. Consultations were only sixpence. Within only a matter of weeks he attracted crowds. *The Lancet* later reported "he worked prodigious hours" and queues waited for his arrival. The queues it says "emphasised the need to report many more doctors into the slums". However it was not only his low charges which attracted patients, but his treatment and dynamism whereby he insisted on a bed in hospital for urgent cases. In addition he campaigned for action by the public authorities in cases of bad sanitation and unhealthy accommodation. Many sources report of the deep impression he made on their lives by his persistent care and desire to help. A popular joke at the time was that despite his unrestrained denunciation of alcohol the publicans' wives would have no other doctor.

Within 18 months his practice had grown so large that he found it necessary to take a partner. Once again medical history was made when a Guy's hospital friend, Dr. Benjamin A. Richmond joined him. Dr. Richmond was himself a gold medallist; never before had two gold-medallists become partners in general practice and the fact that they should do so in Bermondsey made it that much more noteworthy. The practice continued to grow and within two years Dr. Stratton and shortly afterwards Dr. Goldie, a colleague of Salter's at Guy's and Bermondsey Settlement, and Dr. George Carter Lowe joined the practice. The five doctors ran the practice on cooperative lines sharing their takings equally.

The next few years were marked by the birth of their daughter Joyce in June of 1902 and his election to the Bermondsey Borough Council. He was one of the Liberal Whips serving on six committees: Public Health, Education, Unemployment, Works, Valuation and General Purposes.

Salter's concern for the children of Bermondsey was increased by his affection for his own child. As Joyce grew out of infancy, so that schooling became a problem, most of Salter's friends assumed that she would be sheltered from the harsh and indeed unhealthy environment of Bermondsey. The Salters were faced with a difficult decision and by way of further proof for their sincerity to identify themselves with the people of Bermondsey, had Joyce educated locally.

Meanwhile Salter had made progress from the Borough Council to London County Council and had become a Justice of the Peace. He was widely tipped as the next MP for West Bermondsey when he resigned from the Liberal Party and joined the Independent Labour Party (ILP) and, along

with fourteen others whom he invited to join, formed the Socialist Movement of Bermondsey.

As the ILP seemed to be slowly gaining political momentum, events were abruptly interrupted by a personal tragedy for the Salters. This was to be the most terrible blow of their lives. Their only child, Joyce, caught scarlet fever for the third time and died. This seemed to directly challenge their convictions about their work in Bermondsey, for they both knew that the chances would have been remote for Joyce contracting scarlet fever three times in a healthy suburb.

The death of their daughter had two immediate effects: it brought a greater sense of identification with the people of Bermondsey, and made Salter's desire to save life the overwhelming motive in all his thoughts and subsequent work. When involved in public speaking, Salter seemed no longer to talk down to his audience, but related to them at their level.

His overriding concern became not only to prevent unnecessary mortality and morbidity but to make life healthy and full of vitality. He believed that in the twentieth century mortality due to infectious disease caused by over-crowding was indeed a social crime. From this point onwards he applied himself to his medical practice with a new and remarkable endeavour, astonishing even his partners with his long list and the personal care he devoted to his patients. His expertise as a doctor had already become a legend in the Borough. As a result of the unfailing accuracy of his diagnoses he continued to add to his reputation at Guy's.

Despite his embarrassingly large practice, Salter still managed to find time to write on medical subjects. He was disturbed about the class structure of the medical profession and wrote in the *Reynold's News* April 12, 1914. "It has been recruited from the upper middle classes with the result that its members have been allied in sympathy with the privileged and governing classes". The reason for this was the heavy cost of qualification, which he estimated was £1500. As a solution, he urged that the state should provide the opportunities for young people to go to medical school, irrespective of their class or the financial status of their parents.

Following the new administration of the Health Insurance Act he gained respect in the medical world by the way in which he consistently campaigned for doctors' rights. Salter was also strongly in favour for the State providing during illness but resolutely refused to submit to bureaucracy, which would mean that instead of going about attending to his patients he would have to spend time completing innumerable forms. He protested on the grounds that he was a doctor and not a clerk. Promptly the London Insurance Committee first threatened and then subsequently under his provocation removed his name from the panel. Salter then took them to Court making it quite clear that he was prepared to provide necessary returns but unwilling to sacrifice his patients to superfluous detail. He won the case. The London Insurance Committee reinstated him and paid for the cost of the proceedings immediately.

With the introduction of the Health Insurance Act, there was by necessity a revolution in status of medical men. Subsequently doctors became employees of the State and a struggle with Mr. Lloyd George regarding payment ensued. Initially the Minister offered a capitation fee of four shillings and sixpence advancing this to seven shillings and sixpence when the proposal was flatly refused. The British Medical Association advised against acceptance of the revised fee but despite this lead the majority of doctors signed on. The BMA then refused to offer further advice. However, so strong was the opposition to a State service by some doctors, that they refused to serve on local medical committees, which had been appointed under the Act. Accordingly an amending Bill was hurried through Parliament authorising the appointment of Committees of medical practitioners. This then led to the suggestion of an organisation to represent them. Dr. Salter was among the thirteen who met in the House of Commons, under the chairmanship of Dr. Addison to set up the medico-political unit; later to be renamed the Medical Practitioners' Union. As a result of his unique knowledge of trade union law (gained from the 1911 Bermondsey strikes) and medicine, Salter was instrumental in the organisation becoming a union.

The first public meeting of the Union was held at Caxton Hall in Westminster and Dr. Salter was the principal speaker. He directed his speech towards applying the social principles of trade union actions to medicine. In particular the issue concerning the imposition of a series of deductions from the practitioners payment had caused great concern among many panel practitioners. He argued very convincingly that it was not in the public interest for a practitioner to have excessive numbers of people on his list, because he was certain to neglect them. Nevertheless practitioners would seek large lists because the remuneration per head is so small that a large list is needed to sustain a livelihood. He concluded that any reduction in payment to practitioners was clearly opposed to the public interest because it would mean large lists for the practitioners and less care for the patient. The unrest about these reductions led to hundreds of practitioners joining the Union and more significantly concessions by the government which involved considerable improvement in the conditions of service.

The Medical Practitioners' Union did serve to break down barriers between doctors and working class trade unionists and partly for this reason Salter held it as a priority. However, during the First World War even this was incidental in comparison with his major concern, which was to serve the cause of peace.

(to be continued)

"The Man who Mistook his Wife for a Hat"

reviewed by Christopher Roberts

Not often do the worlds of music and medicine overlap, but Michael Nyman's opera "The Man who Mistook his Wife for a Hat" is an exception, as seen at its first performances at the ICA theatre in November. First, the central events of the opera are a series of consultations between Dr. P., an eminent singer and music teacher, and "The Examiner", a character closely based on the American Neurologist Oliver Sacks (a living example of the type of American Neurologist with more hair on chin than scalp, used by our very own Dr. Bannister as a visual teaching aid). Furthermore, the very therapy prescribed after the consultations is an indulgence in as much musical activity as possible.

Previous to this, as Michael O'Donnell observes in a *BMJ* article of June 1984, the operatic appearances of doctors have been limited to the traditional last act diagnosis of tuberculosis, wearing "pin-striped suit, with a hint of greying over the temporoparietal muscles" – exit amidst much coughing from principal soprano. In Nyman's work, however, the doctor plays a principal role in diagnosing a form of visual agnosia by which Dr. P. is unable to recognise objects for what they are, and can only describe their forms in abstract geometrical terms. Thus a glove becomes "a continuous surface with five outpouchings – a change-purse, for example, for coins of five sizes." Similarly, at the end of his first consultation, he reaches up for his wife's head, mistaking her for the hat-stand. Despite this, Dr. P. finds a route through his visual confusion by inventing melodies – dressing tunes, eating tunes, drinking tunes – that concentrate his mind on the job in hand.

Michael Nyman's music, known to many from the soundtracks of the films on which he collaborated with Peter Greenaway – "The Draughtsman's Contract" and "A Zed and Two Noughts" – is closely related to the American West Coast minimalism of Philip Glass and Steve Reich. It is less austere, however, and is ideally suited to the opera's subject, in that it deals with momentary quotations and fragmentary musical mosaics. The treatment meted out to Purcell in "The Draughtsman's Contract" (where H. Purcell is credited as "musical consultant" on the record sleeve) is now served up to Schumann, the composer central to Dr. P.'s career as a singer of lieder. Snatches of Schumann are quoted and processed, weaving subtly into the unrelenting forward motion of the music. Ironically, the first piece of "real" music, which comes in the central scene of the opera, is entirely by Schumann – a performance of "Ich grolle nicht", where the neurologist, amusingly, adds the high notes that are out of the reach of Dr. P. (a baritone). It is in singing this that Dr. P. is most obviously cured, so the only treatment that the neurologist can suggest is immersion in music.

The performance, directed by Nyman himself at the piano, was slick, even if the small chamber orchestra occasionally had difficulty disguising their amusement at the banality of some of Dr. P.'s "activity tunes". The

vocal lines for the three singers are similarly simplistic, the interest in Nyman's music being harmonic rather than melodic.

The book of case studies from which the opera comes (*The Man who Mistook his Wife for a Hat* by Oliver Sacks, published in hardback by Duckworth, £9.95, and in paperback by Picador, £3.50) contains other fascinating, if sometimes rather far-fetched observations. It reveals the case of the 49 year old man who thought he was still 19 and that the mirror lied, and that of the old gentleman who walked at a tilt, thinking he was perfectly upright, but who remedied the situation by building a spirit level into his spectacles. I cannot believe, however, the case of the patient who can purportedly sing the music from 2000 operas.

"The Man who Mistook his Wife for a Hat" has been filmed for TV transmission in autumn of this year, so readers will be able to judge for themselves. It will form the centrepiece of a programme, "One of the central obsessions of post-modern culture: The fragile sense of self in an age of narcissism". Channel Four, of course!

Physiotherapy

In a letter to the January *Gazette*, it is suggested that an A and two B's at 'A' level is not exceedingly high as an average for an intake of medical students. Without going into the merits of the statement, or the criteria on which it is based, or, indeed, having a standpoint from which to presume to judge, one feels oneself drawn into this field of controversy in terms of initial selection and eventual qualification, and, even more to the point, ultimate practice.

It must be commonplace for all of us with any length of service in medical education in its broadest sense to have had professional parents with daughters or sons in training, observing that if the current educational barriers had been up in their day, they would not have been accepted. Well, perhaps some of them should not have been, but the majority have been solid, reliable practitioners, and some of them have been excellent, so is it that the present-day practice demands are so much the greater, or that the 'A' level grades are no longer comparable, or that we have to select out somehow and this seemed a generally acceptable filter, or that we have ourselves become academic snobs?

We are all going to have to face up to these questions now that the school-leaver glut is ending, and now – as far as physiotherapy is concerned, anyway – that others are questioning the validity of our upping the ante, so to speak. Our critics have for some time opined that we over-train physiotherapists for the job that many of them have to perform.

(Roughly the same number have complained that they do not know all that is to be known about any given speciality, but that's a different argument.) Professional self-seeking has been alleged, and one can appreciate the employer's resistance to demands for all-graduate status in every paramedical profession when reading the arguments that a currently disadvantaged group put forward, comparing its salary-structure with other graduate NHS groups.

Are we to be faced with reducing our demands if we are to be competitive in a shrinking market? Should we gracefully settle for a lower-powered theoretical past in the hopes of creating a more sensitive, more aware practical future? Shall we accept that what was good enough for mother (or father) is appropriate for daughter (or son)?

These are pressing questions which we do have to answer. Yes, we do take other attributes into account, and always have, but we still need to set a realistic academic standard somewhere – or if not, someone else may offer to do it for us. Is there merit in settling the basic level of qualification lower and allowing free access to higher levels to those who wish to pursue them? Two-tier professions have been anathema in the past and arguably status and professional responsibility have risen in consequence. Can we maintain this stance? It behoves us to be receptive to new thoughts and systems, to be flexible in our approach if we are to continue usefully through the 90's and into the next century.

Ronald Cooper

Correspondence

Nursing Correspondent

Dear Sirs,

I have noticed with increasing disappointment during the past few years that the nursing contribution has gradually diminished and that you now have no correspondent.

I was the Nursing Correspondent for ten years between 1969 and 1979 and was expected initially to write an article every two weeks. I found this interesting and rewarding. Moreover it opened other avenues to me. I think it is very sad to see reluctance on the part of nurses to express opinions and contribute to an historic journal. It is unfortunate that this apathy is so evident at a time when nurses should be

making strong statements about their profession and the Health Service. Surely there is one literate nurse amongst the several hundred at Guy's. Could that person not come forward and uphold the old tradition?

Yours faithfully,

PAMELA M. JEFFERIES
Ex-Nursing Correspondent,
52 Nutbrook Street,
Peckham,
London SE15 4LE

This is not the first letter bemoaning the absence of a nurses' column. Will any nurses interested in writing for the Gazette please contact the Editors. We only publish ten times a year now rather than fortnightly, as when Ms. Jefferies was Correspondent.

71st Lancets Hockey Team

Dear Sirs,

The 71st Lancets Hockey Team was formed in 1976 by a group of Guy's graduates who began their undergraduate course at Guy's in 1971, and played hockey regularly for the Spirochaetes XI. During the past ten years the Club has successfully staged a number of fixtures each year, both hockey and cricket. The high point of the sporting calendar has been the Torbay Easter Hockey Festival which some members have attended for sixteen consecutive years.

The founding members of this Club still lend their most enthusiastic annual support to the event, but regrettably with the passage of years seven full length games of hockey in four days is proving a little

energetic for some of those members whose physical fitness is passed its peak.

Since 1976 many other Guy's hockey players have enjoyed the Torbay Hockey Tour, and I wonder whether I could use your columns to invite these gentlemen to return to Paignton for all or part of the Easter weekend to inject some youth into the ageing cohort of 71st Lancets.

Enquiries may be made directly with the President of the Club at the address below or telephone 0865 882585.

Yours faithfully,
Dr. DAVID J. COLE
9 Hollow Furlong,
Cassington,
Oxfordshire.

Book Reviews

A Medical Catechism. John Rees. 52 pp. £2.25. Soft Cover. Hodder and Stoughton.

A Clinical Pharmacology and Therapeutics Catechism. Howard Rogers and Roy Spector. 41 pp. £1.95. Soft Cover. Hodder and Stoughton.

The first year clinical student is faced with a dilemma. Clinical diagnosis remains a mere labelling process unless it is backed by a knowledge of pathology; but pathology only acquires its importance within a clinical context. Both are huge subjects, but if neither is relevant without some knowledge of the other, it is hard to know where to begin. It is Catch 22.

Clinical pharmacology and therapeutics are even worse. The general principles provide much interest but chiefly as an academic exercise. The student who has no prescriptions to sign but still cares deeply about dosage regimes for digoxin is unusual. Most doctors will admit that therapeutics only came alive on their first day as a House Officer.

So where does the new student start? Big books are a distraction, since it is easy to lose perspective in a mountain of small print. There is therefore some advantage in short texts of the "This you *must* know"

type. A number already exist, and the new "Catechism" series promises to be among the best.

Dr John Rees is an excellent writer, as he has repeatedly demonstrated by his clear explanatory articles in the *British Medical Journal*. Professors Rogers and Spector are responsible for a very popular textbook of pharmacology and also have a considerable grasp of their subject. These authors have succeeded in providing stimulating texts, which the new clinical student will find extremely useful. The illustrations in Dr Rees' book and the question-and-answer format adopted by Professors Rogers and Spector are particularly successful.

In reading Dr Rees' book, this reviewer could not help a slight sense of *déjà vu*. When Dr George Scott was Dr Rees' predecessor-but-six as Clinical Tutor, he supplied his students in the preclinical classroom with an introductory pocket book of much the same size. It may have talked of rhonchi rather than wheezes and rales rather than crackles, but its scope was much the same. There was, however, one other difference — every student received a copy free!

M. H. LESSOF
Professor of Medicine

Clinical Anatomy for Medical Students (3rd edn). Richard S. Snell. 1026 pp. £22.50. Soft Cover. Little, Brown and Co.

This text has been around for more than 10 years and has become one of the more familiar anatomy textbooks to students in this country, although, of course, it is American in origin. The format of this text is a familiar one in that after an introductory chapter which covers the basic terminology of anatomy, there then follows a series of sections covering the thorax, abdomen, perineum, limbs, head and neck and the survey is rounded off with a short section on the "back". The appellation "clinical" in the title is justified by the presence of large numbers of clinical notes at the end of each section which illustrate the practical application of the topographical anatomy which is covered by that section. These notes are backed up by a number of clinical problems, the answers to which are printed at the back of the book and some samples of examination type questions (also provided with answers) so that the students can assess how well they have coped with the subject matter. Although the format of these questions is rather different from those that will confront them in examinations here, they are not so alien as to be unhelpful. The text is illustrated with large numbers of diagrams, some line and some with a few extra colours and there are a number of photographs which assist the explanations of surface anatomy and cross-sectional anatomy and its relation to modern imaging techniques.

The fact this text is well known in Britain is a testimony to its usefulness to medical students and, as many do find this a good text, a new edition is to be welcomed. The inclusion of more information on surface anatomy and on the modern techniques of imaging will fit in with attempts by medical schools here to expand this type of teaching. The photographs are all rather small and so their real value is questionable, although their presence will remind students of the value of such methods. Another criticism may be levelled at the diagrams which in some cases have been simplified to the point of inaccuracy and the method of presentation and colouring produces rather a crude effect.

Apart from these small points, this book is undoubtedly a suitable one for British medical students and is pitched at about the

right level for their examinations. However, the format and style will not please everyone and as is usually the case prospective buyers would be well advised to spend some time using this book in a library before parting with their money.

E. C. TATCHELL
Lecturer in Anatomy

Endocrinology. C. R. W. Edwards (ed.). 208 pp. £9.95. Soft Cover. Heinemann.

For the student who finds metabolism and hormones fascinating, or who would like to, this new book just has to be "best buy". The contributors are authoritative enthusiasts who know how to edit and balance their material and communicate it to learners. The approach of the book is to base the clinical sections firmly on the underlying science, presented in a clear manner which is aided by excellent typography and quality of illustration. The clinical accounts are realistic and helpful. The rarities are played down (so the MRCP candidate needs to read beyond) but the depth is more than adequate for the senior clinical student and the average "generalist". The clinical photographs are good but sparse, and learning would be helped by seeing patients and looking at the colour atlas type of book in conjunction. I was impressed by the concise and separate aetiological sections on diabetes and its complications, but disappointed that there was not more on growth and the growth factors. I also suspect that when Finals draw near the clinical students will be wishing there were more tables or lists on which to hang their revision, but if they have used this book in their studying and deduced their own lists, then theirs will be the gain. For future editions I hope that the authors, having written a book which will stimulate interest and curiosity, will guide the reader to some key original articles and reviews in a bibliography, chapter by chapter. But even as it stands, this book is very good.

B. HICKS
Consultant, Department of Endocrinology

A Textbook of Clinical Pharmacology (2nd edn). H. C. Gillies, H. J. Rogers, R. G. Spector and J. R. Trounce. 928 pp. £19.95. Soft Cover. Hodder and Stoughton.

As medical knowledge grows, the authors of medical textbooks are faced with an impossible decision — whether to tell all in 2000 double-column pages or whether to have pity on the reader. This book has reached a compromise. It is reasonably comprehensive but also user-friendly in its pleasant layout, its readability and in the way it manages to lighten the text with tables and illustrations. The result is a book which is no mere sop to the MB Finals but is full of the kind of knowledge which is useful in medical practice.

The first part of the book deals with a number of general aspects, including drug kinetics at the extremes of age and in health and disease — not least the effects of "sick cells", protein binding, and liver and kidney failure. The second part is a systematic

review of disease in the various systems of the body and of the drugs used by way of treatment. Where new drugs are introduced, their place in therapeutics is well discussed. The sections on cardiovascular drugs and on the treatment of hypertension are excellent, that on the nervous system contains useful physiological insights into the reasons for failure or success, and there are good sections on the relative roles of anticoagulants, thrombolytic drugs and antiplatelet agents. The section on the endocrine system is very practical and gives straightforward advice, though not everybody would accept that there is still a need for oestrogens to be given intermittently when used to prevent post-menopausal osteoporosis.

In summary, this book is strongly recommended. The student who can afford to buy one but makes use of a library copy instead may come to regret it.

M. H. LESSOF
Professor of Medicine



FOOTBALL CLUB 2nd XI REPORT

After an impeccable start to the season, the Seconds suffered their mandatory period of mid-season blues. This began with a 1-0 defeat in a hard fought ULU cup match versus UCL3, a team residing three divisions above us. The defence remained solid throughout and featured the Kray twins in their last game before Terry's departure for sunnier climes. However, the following game was (and hopefully will remain) the most farcical fiasco of the season with a 7-2 defeat at home by LSE3. The captain was guilty of selecting a rather apathetic yet cosmopolitan side (that nice first team chapie took half his normal team), Rick turned out not to be an Oxford blue after all, though he claims to be a dab hand at tiddly-winks, and Colin's only commendable action before retiring was a superb aerial body check on the LSE centre forward. The latter was literally plucked off the street at the start of the game, and if you're still out there, Colin, the Firsts need a replacement for Emin. 'Fortunately' G. Biswas graciously strolled

into H.O.P. in time for the second half and hit our first goal, with P. Abrahams claiming the second off some extraordinary particle of his anatomy. Along with Gallagher's cramps, Wood's fractured skull, Poate's mutiny, Raj's temper and Chucker's chuckling I feel the defeat needs no further explanation . . . and I nearly forgot Justin the referee . . .

The losing streak was threatening to continue away to KQC4 in a much less eventful game than the previous one. However, T. Poate slid in a last minute equaliser from a Taylor mis-kick, to earn us a point. Subsequently an easy 5-2 win was earned against KQC5 with an on-form G. Biswas claiming two.

In the first match after the January white-out, Mush Ishaque found the KQC4 net within five minutes (and knew which way to play after that). Veterans Ozzy Marchbank, P. Elphick and that man Capability Jim again pushed the score along to 4-2. The Gnat made the Grobbelaesque save early on, refusing to use his hands and gaining a shiner in the process.

An important away win over UCL5 was gained on a rock hard, icy pitch at Shenley. A pre-match agreement with the 'Ewes' (as they like to call themselves for some reason) meant that the game was played at walking pace with written permission required before passing. This suited the team what with Jim having a degree, and S. Ghauri slotted in an early goal. UCL5 took the lead with two headed corners, but Guy's hit straight back with two from T. Poate (one from a great cross from C. Woods) and one from M. Allington, surely one of the most reliable defenders ever to play for Guy's. Having sung Sparky's praise, it was his nonchalance which gave the Sheep their third goal in injury time, and he has been dropped for our challenge match against Nottingham Panthers.

Peanut Butter

SKI CLUB

Tignes Ski Holiday December 1986

Boxing Day, six p.m., and thirty-two intrepid skiers leap aboard the coach at Guy's to take them on their twenty-four hour journey to Brevières in Tignes. Singing, swigging, skiing and snow are the four words I would use to describe this holiday, the best ever for me.

Singing – twenty-four hours a day, seven days a week (well nearly), we were entertained by Jamie (Troublemaker) Barwell and the Wide Boy Gang. Rolf Harris and the Blues Brothers were blasted out at any tedious little moment on the holiday.

Swigging – 'duty frees' and supermarket beers were slurped until the early hours of every morning – no exception being the Fancy Dress Party on New Years Eve, when 1987 was seen in twice (French and English) with many a 'frenchie'.

Skiing and Snow – despite hoarse throats and hangovers, hardly a minute's skiing was wasted as superb conditions led to excellent skiing and a vast improvement in the standards of most.

Tignes was as brilliant as ever – when's the next trip?

CC

Alpe D'Huez Ski Holiday January 1987

What could have been a better start to 1987 than a skiing holiday in Alpe D'Huez – a good excuse for avoiding all of those family commitments. The snow conditions were

excellent in spite of four days of brilliant sunshine. The Chamois Hotel, run by King's Ski Club, housed the fifty keen 'ski bums' from Guy's and provided a good holiday atmosphere with skiing right up to the front door. Simon Charlesworth received much applause for managing to discolour his thermal underwear on a blue run whilst attempting a skid stop. No injuries for any of the Guy's skiers, although Charles Balcombe deserved at least a broken wrist for his attempt at imitating a Westland helicopter in mid air!

Après ski included ice skating, discos, videos and an orgy of trifle fights – the chalet's favourite pudding – which added to the New Year's Eve decorations, and, not to be forgotten, a memorable evening spent hovering around the bathroom after indulging in a meat fondue and playing one hundred and one uses of a French stick! Congratulations to our boxer-shortened hero Martin Lunn for proudly showing off his manly shorts in a French restaurant.

ERW

Ski Club Racing Report January 1987

Guy's had five representatives in the London United Hospitals team. They were: C. Balcombe, E. Read Ward, S. Vale, J. Paddle, Ms. A. Korff and N. Jones (coach), with another five members from our sister hospital, St. Thomas'. There were forty-two men's and twenty-four women's teams entered in the English and Welsh Universities Championships at Alpe D'Huez on January 3rd 1987, and the excellent results obtained show how successful the last four years' work have been for us.

Men's A: 2nd in special slalom
4th in giant slalom
2nd in combined event
2nd in parallel slalom

Men's B: 1st in giant slalom
3rd in special slalom
1st in combined event
4th in parallel slalom

Women's A: 1st in giant slalom (with 1st, 3rd, 4th and 6th in individual combined events)
2nd in parallel slalom

Women's B: 1st in giant slalom
1st in special slalom
1st in combined event
3rd in parallel slalom.

CPB

Hospital Information

HOUSE APPOINTMENTS

Commencing 1st February 1987 to 31st July 1987
HOUSE PHYSICIANS

Dr. Scott, Dr. Knight, Dr. Grahame, Prof. Rogers, Prof. Rubens, Dr. Harper, Dr. Winter, Dr. Tong

Dr. J. L. Craze
Dr. A. E. Walker
Dr. M. J. Marsh

Prof. Lessof, Prof. Clark, Dr. Cochrane, Prof. Panayi, Dr. Rees, Dr. Lee, Dr. Tovey, Dr. Jones

Dr. D. G. Sutin
Dr. H. M. Paterson

Prof. Lessof, Prof. Clark, Dr. Cochrane, Prof. Panayi, Dr. Rees, Dr. Lee, Dr. Tovey, Dr. Jones/Geriatric Medicine at New Cross Hospital: Dr. Lewis and Dr. McNabb (during 1987 this will transfer to Guy's)

Dr. R. S. Jennings

Geriatric Medicine at New Cross Hospital: Dr. Lewis and Dr. McNabb (during 1987 this will transfer to Guy's)/Prof. Lessof, Prof. Clark, Dr. Cochrane, Prof. Panayi, Dr. Rees, Dr. Lee, Dr. Tovey, Dr. Jones

Dr. G. T. M. Robinson

Dr. Joiner, Prof. Keen, Prof. Dowling, Dr. Sladen, Dr. Gibson, Dr. Hicks

Dr. J. R. C. Seale
Dr. M. E. Holland

Dr. Joiner, Prof. Keen, Prof. Dowling, Dr. Sladen, Dr. Gibson, Dr. Hicks/Geriatric Medicine at Guy's Hospital: Dr. Lewis and Dr. McNabb

Dr. D. R. O'Flynn

Geriatric Medicine at Guy's Hospital: Dr. Lewis and Dr. McNabb/Dr. Joiner, Prof. Keen, Prof. Dowling, Dr. Sladen, Dr. Gibson, Dr. Hicks

Dr. I. C. P. Cranston

Dr. Cochrane, Dr. Grahame, Dr. Volans, Dr. Henry, Dr. Lewis, Dr. McNabb/Prof. Rubens, Dr. Harper, Dr. Winter, Dr. Tong

Dr. N. D. MacFarlane

Prof. Rubens, Dr. Harper, Dr. Winter, Dr. Tong/Dr. Cochrane, Dr. Grahame, Dr. Volans, Dr. Henry, Dr. Lewis, fr. McNabb

Dr. C. B. Taylor

Dr. Cochrane, Dr. Grahame, Dr. Volans, Dr. Henry, Dr. Lewis, Dr. McNabb/Rheumatology at New Cross Hospital: Dr. Grahame, Prof. Panayi, Dr. Gibson (during 1987 this will transfer to Lewisham Hospital)

Dr. M. R. Hall

Rheumatology at New Cross Hospital: Dr. Grahame, Prof. Panayi, Dr. Gibson (during 1987 this will transfer to Lewisham Hospital)/Dr. Cochrane, Dr. Grahame, Dr. Volans, Dr. Henry, Dr. Lewis, Dr. McNabb

Dr. D. R. Harriss

HOUSE SURGEONS

Mr. Ellis (General Surgery)/Mr. Mundy (GU Surgery)

Dr. C. J. O'Brien to 30.4.87
Dr. A. P. Cahn to 31.7.87

Mr. Mundy (GU Surgery)/Mr. Ellis (General Surgery)

Dr. A. P. Cahn to 30.4.87
Dr. C. J. O'Brien to 31.7.87

Mr. Rendall & Mr. Fentiman (General Surgery)/Mr. Flannery & Mr. Joyce (GU Surgery)

Dr. J. A. Evans to 30.4.87
Dr. T. H. E. Hotton to 31.7.87

Mr. Flannery & Mr. Joyce (GU Surgery)/Mr. Rendall & Mr. Fentiman (General Surgery)

Dr. T. H. E. Hotton to 30.4.87
Dr. J. A. Evans to 31.7.87

Professor McCol/Dr. Shaheen (ENT)

Dr. T. J. Blanchard to 30.4.87
Dr. K. M. Maini to 31.7.87

Mr. Shaheen (ENT)/Professor McCol

Dr. K. M. Maini to 30.4.87
Dr. T. J. Blanchard to 31.7.87

Professor McCol/Dr. Hibbert & Mr. Douek (ENT)

Dr. C. P. Denton to 30.4.87
Dr. P. J. Read to 31.7.87

Mr. Hibbert & Mr. Douek (ENT)/Professor McCol

Dr. P. J. Read to 30.4.87
Dr. C. P. Denton to 31.7.87

Mr. Maynard (General Surgery)/Mr. Henry (Orthopaedics)

Dr. S. Bavetta to 30.4.87
Dr. A. Cunningham to 31.7.87

Mr. Henry (Orthopaedics)/Mr. Maynard (General Surgery)

Dr. A. Cunningham to 30.4.87
Dr. S. Bavetta to 31.7.87

Mr. O'Flynn/Mr. Watson (Orthopaedics)

Dr. E. Witherington to 30.4.87
Dr. G. C. Smith to 31.7.87

Mr. Watson (Orthopaedics)/Mr. O'Flynn

Dr. G. C. Smith to 30.4.87
Dr. E. Witherington to 31.7.87

Professorial Unit/Mr. Laurence (Orthopaedics)

Dr. J. C. Howard to 30.4.87
Dr. R. A. Loukota to 31.7.87

Mr. Laurence (Orthopaedics)/Professorial Unit

Dr. R. A. Loukota to 30.4.87
Dr. J. C. Howard to 31.7.87

Professorial Unit/Plastic Surgery (Mr. Broomhead) & Orthopaedics (Mr. Spencer)

Dr. M. R. Feneley to 30.4.87
Dr. D. T. Herbert to 31.7.87

Plastic Surgery (Mr. Broomhead) & Orthopaedics (Mr. Spencer)/Professorial Unit

Dr. D. T. Herbert to 30.4.87
Dr. M. R. Feneley to 31.7.87

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House Physician to Dr. Hicks, Dr. Eiser

Dr. M. A. Cottey
Dr. J. A. Spence

House Physician to Dr. Gordon Jackson (General Medicine), Dr. Grahame Jackson (Cardiology), Dr. Volium (Dermatology)

Dr. C. H. Smith
Dr. S. Clift

House Physician to Dr. Stott (General Medicine), Dr. Whitmore (Haematology)

Dr. J. N. Robinson
Dr. C. J. Edmunds

House Physician to Dr. Mallinson, Dr. Rees

Dr. N. D. Maynard
Dr. E. A. Hornung

House Surgeon to Mr. Lynn Evans

Dr. C. B. Heyes

House Surgeon to Mr. Ivo Smith

Dr. P. J. Thexton

House Surgeon to Mr. Monty (Orthopaedics)/Mr. Negus (General Surgery)

Dr. P. C. Wou

House Surgeon to Mr. Negus (General Surgery)/Mr. Monty (Orthopaedics)

Dr. K. I. Powell

House Surgeon to Professorial Unit/Mr. Spencer & Mr. Allen (Orthopaedics)

Dr. J. M. Malcolm

House Surgeon to Mr. Spencer & Mr. Allen (Orthopaedics)/Professorial Unit

Dr. G. M. Sadler

HITHER GREEN HOSPITAL

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Dr. R. S. Choudhury

Dr. A. G. Mead

BUCKLAND HOSPITAL, DOVER

House Physician — General Medicine

Dr. A. C. Scoones

Dr. S. Freedman

CUCKFIELD HOSPITAL, SUSSEX

House Surgeon — 3 months General Surgery/3 months Orthopaedics

Dr. S. Haskell

EASTBOURNE DISTRICT HOSPITAL

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Dr. V. Thanga

ST. MARY'S HOSPITAL, EASTBOURNE

House Physician to Dr. Linley Adams

Dr. A. Biswas

EDGWARE GENERAL HOSPITAL

House Surgeon to Mr. Qureshi

Dr. A. A. Milner

GRAVESEND AND NORTH KENT HOSPITAL

House Surgeon to Mr. Skidmore

Dr. P. P. Ghosh

GREENWICH DISTRICT HOSPITAL

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Dr. G. J. R. Cook

Dr. S. N. Gower

House Physician to Dr. Robson & Dr. Blower/Dr. Webb

Dr. S. Nagpal

Dr. J. S. White

House Physician to Dr. Marsden & Dr. Drury

Dr. J. M. Mardon

House Surgeon to Mr. Williams & Mr. Cetti 1.2.87 to 30.4.87/Mr. Stoker & Mr. Harrison 1.5.87 to 31.7.87

Dr. N. R. Beer

Dr. D. S. T. Davies

House Surgeon to Mr. Stoker & Mr. Harrison 1.2.87 to 30.4.87/Mr. Williams & Mr. Cetti 1.5.87 to 31.7.87

Dr. S. Wollaston

Dr. C. A. Cattell

House Surgeon to Mr. O'Flynn

Dr. J. S. Rahi

ST. HELEN'S HOSPITAL, HASTINGS

House Physician to Dr. Bruce (Geriatrics) 1.2.87 to 30.4.87/Dr. Reid & Dr. Liddell (General Medicine) 1.5.87 to 31.7.87

*Mr. M. S. Yates

JOYCE GREEN HOSPITAL

House Physician to Dr. Goldman

Dr. D. K. Y. Kwan

House Physician to Dr. Brennand-Roper

Dr. P. N. Brown

House Surgeon to Mr. Skidmore

Dr. M. Fleminger

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Dr. M. T. Dumbrell

House Surgeon to Mr. Carruthers (Urology)/Mr. Jackson (General Surgery)

Dr. D. M. Peebles

House Surgeon to Mr. Heddle (General Surgery)

Dr. S. N. Tanna

THE MAIDSTONE HOSPITAL

House Surgeon to Mr. Fenn

Dr. J. P. Little

ORPINGTON HOSPITAL

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Dr. C. L. Barry

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House Physician to Dr. J. D. Williams

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Dr. R. T. Blakey

Dr. A. D. Hodgkiss

Dr. I. H. Jenkins

House Physician to Dr. Maw, Dr. Everest, Dr. King and Dr. Thomas

Dr. D. M. Carr

Dr. P. Cousins

THE ROYAL SUSSEX COUNTY HOSPITAL, BRIGHTON

House Surgeon in General Surgery (Mr. Gumpert & Mr. Reid)/Urology (Mr. Royle, Mr. Harrison & Mr. Fletcher)

Dr. Z. F. Conway

House Surgeon in General Surgery (Mr. Hogbin & Mr. Clarke) (3 months Royal Sussex County Hospital)/3 months Brighton General Hospital (Mr. Hogbin, Mr. Clarke & Mr. Strachan)

Dr. M. R. Ferrari

THE WILLIAM HARVEY HOSPITAL, ASHFORD, KENT

House Surgeon

Dr. S. J. Barnes

Dr. S. R. Patel

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DEATH

CRABBE, William Anthony, M.D., F.R.C.S., F.A.C.S. On May 17th, 1986.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Medical Education is increasingly becoming concerned with the development of a holistic approach to medicine and with the cultivation of the skills of empathy and communication. The *sine qua non* of good medical practice is no longer taken to be a great depth of theoretical knowledge – postgraduate studies should take care of that – but the basic abilities of conducting sensitive and sympathetic interviews, performing competent physical examinations and attempting to understand the problems of the patient at the personal as much as the pathological level.

The development of a rapport between patient and doctor is obviously of mutual benefit. However, empathy cannot be taught in the lecture theatre. The only way to learn is to learn by doing, a sentiment echoed by Dr Ross of the Johns Hopkins School of Medicine, Baltimore, in last month's *Gazette*, but, as mentioned in the same article, there are questions yet to be answered about the most effective way of learning by doing. For the students, the cuts in the NHS have placed great obstacles in the way of learning by interaction with patients. Guy's simply lacks the throughput of patients for our students to gain sufficient experience and instead we revert to the textbooks and the learning of rare syndromes.

This is clearly an inadequate state of affairs. While the theoretical content of the medical curriculum continues to rise at an alarming rate, the opportunity to get to grips with the basic skills through sufficient contact with patients is constantly diminishing. In an effort to combat the effects of the contradiction between the need for students to gain clinical experience and the lack of sufficient patients for this to be achieved, the Medical School has, in association with the Student Medical Education Committee, instigated a daring and controversial new scheme. The Prophylactic Interactive Learning Experience Scheme is based on the simple premise that for students to really appreciate what their patients have to go through, they should electively submit to undergo comparable clinical procedures themselves. For example, the more sophisticated diagnostic imaging techniques offer great scope both for education and for prophylaxis. As well as teaching the effects of invasive diagnostic procedures, they could lead to the early detection of unsuspected pathology among some students. The Department of Radiology is entering enthusiastically into the new scheme, and even the new MRI facility is likely to be made available.

But it is in the field of surgery that the potential of the new scheme is most apparent. A doctor who attempts to explain to a patient the likely effects of surgical intervention without himself having a background of personal experience in such intervention is unlikely to do much to allay fears or reduce anxiety. The practitioner who leaves a fearful or anxious patient has failed as a communicator and failed as a doctor.

Accordingly, the Department of Surgery has been working on a pilot scheme which is expected to be put into practice at the beginning of the next academic year. Under the scheme, all clinical students will be required to undergo a surgical procedure in order to gain a deeper insight into the anxieties involved. A range of appropriate operations will be available; clearly some of the more minor procedures, such as extraction of wisdom teeth, would not be considered appropriate since they would not allow students to experience the stigma of bearing a scar. Operations would be carried out at "off-peak" times and the theatres would be manned exclusively by students doubling as scrub nurses and runners thereby providing valuable additional experience without stretching beyond endurance an already overloaded system.

It can be seen that surgical PILES brings with it several major advantages. It provides students with a greater opportunity to gain clinical experience. It allows a rapid development of the skills of empathy, leaving students with more time to learn other subjects. It provides prophylactic treatment for surgical problems which students might otherwise expect to suffer from in later years. Furthermore, it is bound to improve the standards of patient care. The analogy has been forwarded that few people would be happy to eat at a restaurant if the chef were unwilling to consume his own concoctions. Above all, from the point of view of the students, it would eliminate once and for all the damaging mismatch between the number of students and the number of patients. The scheme will eventually be incorporated into the assessment system for students: unruly competition for House jobs is likely to prove to be a self-limiting problem.

We are at the dawn of a new era in clinical teaching at Guy's. At a time when competition in medicine, from within and without, is at its peak, total commitment is the only solution. The way forward is clear. We fight cuts with more cuts.

Gazette Staff Appointments

We welcome Clare Freeman on to the staff of the *Gazette* – she joins us as a News Editor. Can we also repeat the plea in last month's issue for a Nursing Correspondent?

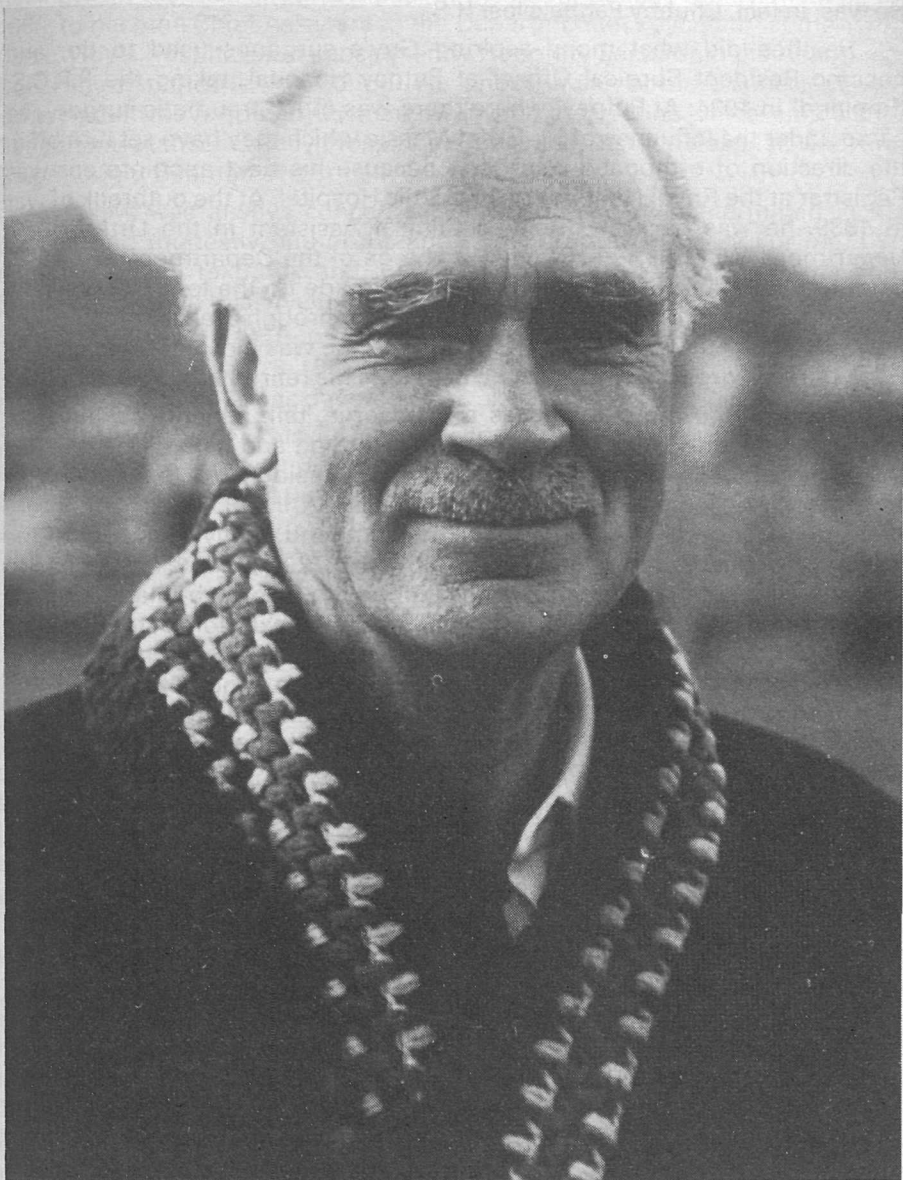
Front Cover

The Park in 1947.

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Obituary



John Stanley Batchelor, F.R.C.S.

John Stanley Batchelor (known universally as "Batch") died in New Cross Hospital on February 20, at the age of 81. The son of Dr F. S. Batchelor, he was born in 1905 in New Zealand. He went to Christ's College

in Christchurch, and Otago University in Dunedin. He came to Guy's in 1928 and qualified in 1931. He was in turn "clinical" to Dr Marshall and Dr J. J. Conybeare, Assistant House Surgeon to Mr Turner and Mr Slesinger, Outpatient Officer, and House Surgeon to Mr Fagge and Mr Davies-Cooley. He was, in fact, Chubby Fagge's last H.S.

He then did what many aspiring Guy's surgeons used to do, and became Resident Surgical Officer at Putney Hospital, taking the F.R.C.S. (England) in 1934. At Putney, where there was much traumatic surgery, he came under the influence of Mr Grant Massie which may have set him off in the direction of orthopaedic surgery, because his next appointment was Registrar at the Royal National Orthopaedic Hospital. At the outbreak of war in 1939, he was back at Guy's as Clinical Assistant in the Orthopaedic Department. With Mr T. T. Stamm in charge of the Department and Mr C. Lambrinudi to supervise and inspire, Batch made up the team responsible for the teaching of orthopaedics to students all through the war at the Guy's Sector Hospital in Orpington in Kent. In 1945, he was elected to the staff as Orthopaedic Surgeon which post he held until his retirement in 1970.

Batch will be remembered as a handsome, tall, athletic-looking man who inspired confidence by his quiet, unassuming and helpful manner. He made his mark in orthopaedics, becoming President of the Section of Orthopaedics of the Royal Society of Medicine in 1958; and Honorary Treasurer, Honorary Secretary, Vice-President, and finally President of the British Orthopaedic Association from 1960 to 1972. His name is attached to two operations; the Batchelor modification of the Grice sub-talar fusion, an operation for severe flat feet; and the Batchelor excision osteotomy for osteo-arthritis of the hip joint. He was also known for doing varus osteotomy for the same disease and for his work on congenital dislocation of the hip (CDH). The special frog plaster for CDH in infancy is attributed to him.

As a student, he played in the scrum for the rugby first XV from 1928 to 1932. With him were such stalwarts as Windsor Lewis, Jimmy Giesen, Guy Morgan, A. G. Johnson, Hedley Atkins, Rusty Hogbin and Pop Popplewell. Batch was Secretary and then Vice Captain. A look at some of the sides they beat – Coventry, Gloucester, Richmond, Rosslyn Park, London Irish, Aberavon and Cambridge University (and, of course, St. Mary's in the Cup Final) makes one realise what a change has come over the standard of hospital rugby today. Batch became President of the Club in 1960 and for several years ran up and down the touch line as touch judge. Down at the matches with him at H.O.P. went Marjorie, whom he married when he was at Putney in 1934. She was a dedicated follower of the team, always ready to comment and give advice. She died suddenly four years ago. They had a daughter and two sons.

Batch continued at Guy's for a year or two after his retirement, doing his own locum until a serious neurological disorder overtook him and forced his admission to hospital where he remained until his death, which has to be regarded as a merciful release.

T.L.T.L.

Dr Andrew Croydon Smith, MB, BChir.(Cantab.) FRCP.Ed. FRCPsych. DPM.

Dr Andrew Smith came to Guy's after an outstanding career as an undergraduate and graduate of Cambridge and University College Hospital, having won the Gaskell Gold Medal of the Royal College of Psychiatrists in 1966, to become Chief Assistant to the Department of Psychiatry at the York Clinic, Guy's Hospital, and subsequently Honorary Lecturer in the Academic Department in the Medical School. No kinder, wiser, or more conscientious doctor could have joined us then, and ultimately gone on to enrich the Consultant Staff of Bexley Hospital, Greenwich District Hospital, and the Dreadnought Seamen's Hospital.

Andrew was always concerned with truth; quietly determined in its pursuit, and modestly humorous and humane in expression. For me, the updating of my textbook and his own authorship of Schizophrenia and Madness, typified this invaluable aspect of his work.

He died, aged 51, after a sudden relapse of an illness long and bravely borne, on December 26 1986. He leaves his widow Inge and their three children, to whom he was devoted.

He will be sadly missed and affectionately remembered by all who knew him – and not least by his patients and students, as well as colleagues and his family. He was a true physician.

D.S-C.

Percy Rae Shepherd 1908–1987

Rae Shepherd entered Guy's Hospital Dental School in 1925 and distinguished himself by his aptitude and consideration for his patients so that it was no surprise that he gained a house surgeon appointment on qualification in 1929. The early death of his father had left the family in straitened circumstances and he was troubled with money worries as a final year student and in his first years as a partner in a Harley Street practice. This partnership proved uncongenial and he moved into single handed practice in the same street and laid the foundations of a successful practice.

When the war came he became a member of the dental team collected by Sir William Kelsey Fry at the Maxillo-Facial unit at East Grinstead Hospital. The fame of the unit is legendary and its work is encapsulated in the text book *The Dental Treatment of Maxillo-Facial Injuries*, published in 1942 and the joint work of Sir William, Sir Alan McLeod, Gilbert Parfitt and Rae Shepherd. Immediately it became the standard work on its subject and, with ensuing editions and re-writings, was the basis for Oral and Maxillo-Facial surgical treatment in this country. Thus it was natural that he should be granted the new F.D.S. by invitation in 1948. By this time he had returned to civil practice but, while at East Grinstead, he had become interested in general anaesthesia and was among the first to offer this form of sedation to his patients.

Rae was a model to us all in that he made an appreciation of each patient – the physical, emotional and mental aspects as well as the immediate dental problems and he was exceptionally well equipped and experienced in every way. He enjoyed dealing with difficult problems and his solutions were nearly always elegant ones.

He eschewed dental politics but was a life-long member of the Association and of the American Dental Society of London and the welfare of the profession was close to his heart. His interests were wide: he was a radio ham and a very keen gardener and botanist with a fine collection of Alpine plants, more particularly an authority on European orchids. His holidays were often spent searching in, among other sites, the bases of scree slopes for rare specimens, not to be taken away – that was vandalism – but to be photographed. This should be an example to us all. He had a feeling for the arts and interest in artists' techniques.

Essentially he was a family man. He and his wife Elaine were proud of their two daughters, Christine in dentistry and Cynthia in science and it was indeed the happiest of families anchored in the faith of the Anglican church. His modesty, generosity and talent for friendship entitle him to bear the motto *'sans peur et sans reproche'*.

In latter years Rae suffered depression but the magic of modern drugs permitted a normal, even cheerful life. Towards the end of 1986 he was advised to discontinue the practice of dentistry which was now very much a part-time hobby but no one expected the stroke that abruptly ended his life, a life well spent, and our sympathy goes to his widow, their two daughters with their husbands and the four charming grand-daughters and a grandson.

A.G.T.

Neil William Victor Bryan, BDS(Lond), LDS, RCS(Eng)

Born in Southampton in 1931, Neil grew up in Salisbury, was educated at the Bishop Wordworth's School, and qualified from Guy's in 1956. After completing his six months as the resident House Officer, Neil joined the R.A.F. for his National Service, and was posted to Christmas Island and Wroughton. He returned to Guy's as a registrar in the casualty department.

With his father over retirement age, Neil went back to Salisbury to join the family practice. He married Wendy Bray – also a Guy's dental graduate – in 1960, and continued running a busy practice in Salisbury combined with a weekly session in the Oral Surgery Department at Oldstock Hospital until his enforced early retirement in December 1985 due to ill-health.

During his career, Neil served on many committees. In 1963 he was elected to the L.D.C. and became Treasurer two years later. He was then Secretary from 1976–80 and finally Chairman from 1980–83. He was also a member of the Wiltshire F.P.C., and sat on the Wiltshire Area Health Authority Advisory Committee. He was Chairman of the Salisbury District

Advisory Committee, and was able to continue with this throughout his illness. Neil was often involved in regulation 21 cases, and helped locally in the setting up of the G.D.S.C. scheme of Informal Assistance for the Sick Dentist, and became one of its regional referees.

Amongst all these commitments, Neil was Postgraduate Dental Tutor for several years, and Chairman of the Salisbury Postgraduate Medical Society.

Beneath his quiet unassuming manner, Neil enjoyed music and reading although, always the practical type, he was happiest in his greenhouse propagating and raising plants for his lovely garden, helped by his three daughters and small grand-daughter. Rosemary, his middle daughter, recently qualified at Guy's.

He died peacefully at home with his family on 28th February 1987 aged 55 after a long illness, throughout which he remained cheerful and keen to get up and about. He will be sadly missed by all his family, medical and dental colleagues and many friends in and around Salisbury.

A funeral service was held in Salisbury Cathedral on Friday, 6th March followed by a private cremation. It was Neil's wish that thanks should be given to the Salisbury Hospice Care Trust (c/o Salisbury General Infirmary), whose nurses cared for him so lovingly in his last few weeks.

R.A.E.B.



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Clubs' Union News



In lieu of this month's Clubs' Union News, which failed to arrive in time for our copy date, we are printing a photograph of the new President of the Clubs' Union, Mr Nigel White, to keep you all amused until the next issue of the *Gazette*. Any suggestions for a caption to this photograph will be gratefully received and may or may not be rewarded.

Editors

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are April 8th and May 18th.

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Derby Day, 1922

from a letter written by Charles W. Marshall (1921–1927), the last President of the Residents to take the then traditional Residents' Bus to the Derby

4th June, 1922 . . . There was quite a good report of our Derby Day in the *Daily Telegraph*, but you'll be wanting the yarn from within.

We students all turned up at the hospital at 7.30 a.m. and drew our official armlets, having obtained our collecting boxes and tickets beforehand. We were then marshalled by fifties and set off in fours for Cannon Street station, looking very festive in clean white coats and glengarries. We then met the other contingents, mostly in white coats, but U.C.H. provided some savages clad chiefly in bathing suits, sacking, straw and paint, with their khaki, red, white and blue armlets round their necks.

We had a special train down (sixteen in our small carriage) and got to Tattenham Corner quite soon, then marched to our several bases before dispersing. Guy's, over three hundred strong, had the prime area around the Stands. We were not let in to any enclosures, of course. From ten o'clock onwards we worked the arriving crowds, doing quite well, but you had to work hard. Just before the races we went back to the Stands to see the celebrities arrive. I saw the King and Queen and members of the Royal family, Admiral Beatty, and all from quite close. The latter looks an awfully good chap, with keen, humorous eyes. There were some lovely cars there.

The Queen sent out a fiver to us (it is to be auctioned) and someone got £6.10s from Sir Eric Geddes. I believe Steve Donaghue (the jockey) was very generous too, but I did not get any notes myself. Half crowns (12½p) were quite plentiful. A tipster who had been a Guy's patient had a special edition of his weekly given to us to retail at half a crown. He gave us a winner, Captain Cuttle, so all was well.

It was very calm and hot, so still in fact that an aeroplane went up and wrote "Daily Mail" in ten miles of smoke some 2½ miles up. We then saw the celebrities – many fashion plates! – as they came to and from the Paddock, and we saw the big race from inside the rails, on the hill side just past the Post, a jolly good position. It was topping to see the horses parading and then cantering off. There was a plentiful supply of food and drink and we consumed large quantities of lemonade and ices.

The crowd was colossal and the whole place was covered with people, cars or booths. The *Daily Mail* had a Stentorphone playing all sorts of music – jolly nice too, I thought it was a band at first.

It was funny, the deathly silence before the start, afterwards you should have seen Steve's face when he rode in between mounted bobbies, pleased wasn't the word! It was quite a popular win, and we didn't do badly off the returning buses and cars. I should say we got about £4,500 but the figures are not out yet and it is hard to tell. They wanted us to get £25,000, but that was ridiculous, of course, with 1500 boxes. It took 30,000 collectors to get that £50,000 in London on Empire Day. . . .

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Aids, Ethics and Medicine

The 1987 Conference of the London Medical Group

by Thomas Dent

We are all now people with AIDS, people whose lives are being changed by the human immuno-deficiency virus (HIV), and whose future is threatened. That was the strongest message of a conference which showed us how close to the precipice we have come, yet also showed us a ray of hope.

AIDS has always been someone else's problem – an African problem, a gay problem, an American problem, a problem for junkies or for the Government. Until this year, it was perceived as confined to certain groups, groups against which we the majority held our prejudices. If it was a plague, a punishment, then it was not to be visited on us. That myth is now exploded. The fire still burns fiercest in those groups, but they were never as isolated as we imagined, nor we as secure. The virus is no respecter of "morality", and it effortlessly crossed barriers that never existed except in our minds. It is now in our community, and we are all under attack.

Dr. Anthony Pinching was the most distinguished speaker at the conference, perhaps the leading British AIDS expert. His paper, "Lessons from Africa", conveyed a vision of catastrophe reminiscent of the post-nuclear holocaust TV dramas popular a few years ago. In some African cities, one in six adults is HIV antibody-positive, one in three acute medical admissions is because of AIDS. Think of that in Guy's Casualty. Dr. Pinching thought the virus had originated in Central Africa, and reported a well-authenticated case as long ago as 1959. He drew attention to the new way we seem to be shielding ourselves from the realisation of risk: dividing the antibody-positive into the guilty (homosexuals and intravenous drug abusers) and the innocent (children, haemophiliacs and heterosexual partners of the other groups). This distinction is as false as it is pernicious. Most carriers acquired the virus before it was realised what patterns of behaviour led to infection, and did not know what risks they ran – as innocent therefore as the mother of a thalidomide-crippled child. Yet, by our frantic determination to keep the responsibility away from people like ourselves, we may prevent ourselves taking the necessary precautions. That would be a terrible mistake.

The ethical problems raised by AIDS were considered. Dr. Charles Farthing, Research Registrar at St. Stephen's Hospital, Fulham, discussed who to test for HIV – his conclusion was that anyone should be tested if they want to be, but it is vital to prepare them for the consequences of a positive result. Whom will they tell? How will they change their way of life? If a doctor wants to test a patient, the same counselling is required – to test without consent is not only of dubious legality, but also ethically bankrupt, and leaves the clinician in an appalling position if the test is positive. In surgical practice, pre-operative testing without the patient's consent is a

particular ethical outrage, since no doctor may ever refuse to treat because of fears for his safety, nor a nurse refuse to care. To do so would be to bring our profession into contempt.

Blood donation, transfusion and the treatment of haemophilia are other areas of ethical debate. Dr. Patricia Hewitt of the North London Blood Transfusion Service opened up the tortuous issue of confidentiality – blood donors are tested routinely for HIV antibodies, but should one inform their sexual contacts if the test is positive? Every patient has a right to stipulate who is told what about their diagnosis, yet uninformed seropositive contacts may spread infection further, or themselves be blood donors. Dr. Peter Kernoff, a consultant haematologist, told the conference of a massive stockpile of plasma held at Elstree, donated before testing was introduced, and hence probably contaminated. If we discard it, it cannot yet be replaced from tested and heat-treated UK sources, so Factor VIII will have to be imported from the United States, at much higher risk of being contaminated. To release a product, almost sure that some batches will contain a potentially deadly virus, is a heart-stopping thought, yet there is no other treatment for haemophilia.

The AIDS pandemic has been described as the major health issue of our time, the most important question our generation will have to answer. This seems inappropriate for something that has blown up so fast – so recently AIDS was the funniest joke out, but I have not heard an AIDS joke this year. Yet the evidence is compelling. AIDS is reported from 109 countries in every continent across the world, and the World Health Organisation estimates that by the end of 1986 there were 100,000 cases world-wide, with more than two million carriers in the United States alone. The virus is eating the heart out of urban society in much of Central and East Africa, and so far there seem few grounds for believing that we in Britain are not about to be engulfed in the same holocaust. There may be no cure within the reach of medical science, and finding a vaccine will be a long, expensive and possibly futile exercise.

Still no-one wants to change. I got home from the conference to the ludicrous and staggering sight on my television of a programme in which a sofa-ful of rock celebrities, TV personalities and alternative comedians advocated the end of casual sex, the unfailing use of condoms and, Lord bless 'em, slipped condoms onto one another's fingers to show us how. Although no doubt well-intentioned, Mike Smith, the presenter, made such heavy-handed attempts to persuade his studio audience to say they would change their behaviour, something most of them resisted, that the programme's earnest optimism was exposed as empty-headed. Appeals to behave responsibly and safely are doomed to fail when they come from people whose allure is largely based on their rejection of traditional ways of life and their acceptance, if not advocacy, of hedonism, the pursuit of physical pleasure. It follows that the only way people of our generation will change our *modus vivendi* is if the whole definition of what it is to be young in a contemporary Western society are radically revised, if not scrapped. One cannot divorce sexual behaviour from other aspects of youth culture.

This will inevitably be seen as retrograde – the 1960s were the Great Leap Forward, this is the Terrified Jump Backwards. Yet no campaign to change any widely held public attitude, yet alone something as impelling, pleasurable and central to one's identity and self-image as sexual behaviour, has ever succeeded by emphasising the negative; nothing, from Christianity to Fascism, is sold that way. The New Morality has to be made to seem more attractive in its own right than the contemporary mores, and that is an awesome task. The vacuum that now exists has sucked in moralising religiosity from James Anderton, Mary Whitehouse and the like, which will only serve to distract young people from the narrowly drawn but vital message that the Government is now putting out.

AIDS is a moral issue, said Carl Miller, AIDS liaison officer for Oxfordshire, because it asks us a moral question – can we care? At the moment, can we care for the victims whom the virus has already claimed, who may be from groups outside our experience, but whose humanity we share? We can all care for patients who remind us of ourselves – that much is easy. It is by patients who anger, disgust, disturb or frighten us that our quality as humane professionals is examined. In the future, can we care enough about our partners, our children and our society to accept the renunciation of a way of life we have come to enjoy?

There is clear evidence now that the gay community, having been decimated by AIDS, is altering its behaviour. If society at large cannot learn from them, if we wait until our friends are similarly dead or dying, before we change the way we live and love, it will be too late. The virus will have made it. Our civilisation will then be at high risk – not because of ignorance, but because of complacency.

Dr. Alfred Salter – His Work in the Community of Bermondsey. Part 2

by Tim Illidge

As already mentioned, Salter made the habit of retreating to the Kent countryside, away from the grime of London. During one of these Sunday afternoon strolls with his wife, Salter came across Fairby Grange, a beautiful seventeenth century farmhouse. He immediately realised its opportunities and promptly bought it. Amidst 20 acres of garden, lawns, fruit orchards, and woodlands it was a beautiful retreat. He bought it for the people of Bermondsey, which surely reemphasises his decision to turn from personal ambition to their service. Dr. Salter used Fairby to create a

remarkable convalescent home for his Bermondsey patients. Initially it was used for the poor of Bermondsey, and for those withered women who were exhausted from the endless rigours of caring and rearing a family in the slums.

There were also patients who were consumed with galloping tuberculosis for whom sleeping places were constructed not indoors, but in the grounds of the house. In the summer months it was used for the Bermondsey boys' clubs as a holiday club and during the First World War for conscientious objectors who had been physically broken in prison. Mrs. Salter made it her practice to visit Fairby two or three days a week and Dr. Salter somehow always managed to spend one afternoon a week at Fairby. He would always arrive in time for lunch and having completed his medical examinations would join the people in conversation whilst walking the beautiful countryside.

In later years it became the first municipal convalescent home in Britain and was used primarily for mothers after childbirth. Again Dr. Salter used Fairby to implement his progressive medical thinking. He seemed to have the ability not only to see a need but to fill it as well. From November to February, when pressure for accommodation was less, women recovering from operations or illness were admitted. Two beds were always retained for this purpose and patients from Guy's, New Cross and St. Olave's were sent there. The home was placed under the care of a matron and trained nurse. The fee depended upon how much could be afforded but was usually 5 shillings a week and for this a Bermondsey woman received all the care and comfort which was usually reserved for more wealthy patients. A good rest, a nutritious diet with home grown fruit and vegetables and the beauty of the countryside were conducive towards a prompt return to good health.

The Ministry of Health did raise its usual objections to this unique enterprise but following the General Election of 1923 when Sir Arthur Griffiths-Boscawen was defeated, his successor proved far more reasonable. The magnitude of the success of Fairby is reflected by its register during the first three years, where its hospitality was enjoyed by 1,246 mothers, 732 babies under one year, 582 infants (1-5 years) and 53 convalescent women.

Salter's Bermondsey practice continued to grow in size and the next years were marked by the confidence his patients gained in him. He was never content that the poor should have less than the rich and he insisted that his patients should have the best treatment available. As an example of his persistence he marked large numbers of panel prescriptions "urgent" and successfully managed to defend this extra expense to the insurance committee against the Ministry's action.

The medical partnership suffered a severe loss in December 1919 when Dr. George Lowe died suddenly with a profound septicaemia following a throat infection. Dr. Lowe was succeeded by Dr. Westlake and in 1921 Dr Gillison joined the team as well.

Having served his apprenticeship as Borough Councillor and on the London County Council he was finally elected as MP for West Bermondsey

in 1922 and it was Ada Salter, London's first woman mayor, who announced the results. This Labour majority led to changes of enormous social consequence and with Dr. Salter as their leader and inspiration the party applied itself remorselessly to realise this social revolution.

Mrs. Salter on her own initiative set up a Beautification Committee whose aim was to have trees in every street and flowers in every open space. Mr. W. H. Johns who was appointed Borough garden superintendent had planted striplings of elms, poplars, and acacias in the grounds of Fairby Grange and within the year was replanting them to the streets of Bermondsey. In 1926 he found an extensive plantation of seedlings, birch, ash, yew, and wild cherry, in the woodlands close by to Fairby and brought them to Bermondsey.

The main problem for the Beautification Committee was the absence of sites on which to plant their flowers. In fact the borough was so built up that the Council did not have any sites on which to plant flowers; Southwark Park was at this time the only open space in Bermondsey. The Council turned to the churchyards and every piece of wasteground they could find. The result of their efforts was that the borough became a place scattered with unexpected beauty spots.

The progress was remarkable in its proportions for within two years 9,000 trees had been planted in the streets of Bermondsey; and by the spring of 1924 60,000 cuttings of flowering plants had been grown at Fairby to transplant to Bermondsey. Bermondsey of all places had the rare distinction of creating two new varieties of Dahlia, "the Bermondsey Gem", and "the Rotherhithe Gem". At the time, the *Daily Telegraph* spoke of "an object lesson in what can be done to beautify even the poorest neighbourhood".

Salter was very concerned with recreation facilities for children. However, because of the absence of open spaces, providing recreation facilities was extremely difficult. At Long Lane swings were constructed and at Tooley Street there was just room for soft ball games, but to get more space the Council had to promote a Bill in Parliament. The Council asked Parliament for permission to sell half of the site of St. Olave's and its churchyard, which had been handed over to the Borough to be sold and demolished, to purchase the site of the old workhouse in Tanner Street for conversion into a new playground. Salter in his powerful and emotional speech pleaded "not to disappoint the thousands of eager and expectant children who are looking forward to using this new open space". The Bill was carried. Cages for football and netball were constructed and of course the paths were lined with a radiance of colour, the famous Bermondsey flowers. Meanwhile the Tanner Street site became "the Wembley of Bermondsey" with particular times allocated to boys' and girls' clubs, sports clubs, boy scouts and girl guides. (This playground still remains and is now floodlit during the evenings.) Crowds would often gather to line the cages for the competitions. Salter and his Council had certainly succeeded in stimulating healthy exercise and interest for the young people.

Salter had always known that to reduce infant mortality and morbidity

and to lower the general rate of infectious disease, the Borough slum areas would have to be demolished. Rehousing was always first in his Bermondsey plan because it was the basis for human living. The perfection of the public health service had to be second. The Borough had become entirely populated by the poorest working people and nearly everybody who could afford to move out had already done so. Salter wrote:

"A large part of Bermondsey needs pulling down and rebuilding. Thousands of dark, wretched, out of date hovels, erected 150 or 180 years ago are totally unfit to house a growing family and ought to be demolished and replaced by well-lighted and well-planned modern cottage homes. Many thousands of people at present live two, three, or four families in a house built originally to accommodate one only. There is no real privacy, there is only one WC, one scullery, one copper, and one water supply between them all."

Salter's plan was breathtaking in its size and comparable with today's London Docklands Redevelopment. He planned to demolish nearly two thirds of the Borough and rebuild it with a garden city, with wide avenues, detached and semi-detached cottages. Salter realised that this would involve a dramatic reduction in the population, but he considered this essential for all of the inner city, if any progress was to be made in public health. Of course, this meant at least half of the indigenous population of Bermondsey would have to be moved to the suburbs and commute to their work in the City, which in turn depended upon provision of a fast and efficient transport system. Salter did not consider tenement blocks a reasonable alternative to the cottages and referred to them as "soul destroying barracks".

There were at least ten acres which were definitely slums which varied in size from around one to six acres. The worst of these was the Salisbury Street area where there was a population of 1,035 living in only 155 houses. This area had been condemned totally unfit for human habitation, on at least six occasions but no action had been taken to change this state of affairs. The delay had presumably been due to the magnitude of the problem. Figures that the Medical Officer of Health produced reiterated this view. The general death rate was nearly double the rest of London, five times as many children died of measles, and three times as many people died of respiratory diseases.

The figures below illustrate the mortality of Bermondsey and the Salisbury Street area.

	<i>Death rate in 1923 on a ten year average</i>		
	Salisbury Street Area	Borough of Bermondsey	All London
General rate	24.64	17.6	16.09
Infantile mortality	182.0	129.0	103.0
Measles	1.7	0.6	0.28
Respiratory disease	6.57	3.9	2.8

After the election of 1924 when the Labour government took office and John Wheatley became Minister of Health rapid progress for re-housing

was at last made. The Ministry not only authorised the "garden village project" but offered financial assistance. Salisbury demolition proceeded. Meanwhile the council bought some vacant land in Rotherhithe Street and proceeded to build ten cottages of the garden village prototype, shortly followed by the Wilson Grove estate. Salter's plan for the new Bermondsey Garden City had finally begun.

Unfortunately Dr. Salter's plan suffered a very substantial set-back after only nine months when a Conservative government was re-elected. The Tory Minister of Health for the second time refused permission for the Salisbury Street plan as the cost of the land per cottage was too great. Instead of devoting the whole of the new site to new houses it was decided that part of the land must be sold for commercial purposes and blocks of flats constructed, not cottages. The borough council was then faced with the alternative of either building flats, or leaving the overcrowded slums as they were. All schemes subsequently adopted by the Council made the provision for re-housing by means of four-storey flats, the upper storey consisting of a maisonette on two floors. Thus Bermondsey had to build flats; but they were built in a way that had not been seen before for working class people and were somewhat of a revolution in housing reform.

Nevertheless Dr. Salter was deeply disappointed that his idea of the Bermondsey Garden City could not be fulfilled.

"We shall neither extinguish tuberculosis nor many other infectious diseases while our residents are warehoused in great tenement buildings. Overcrowding per acre though not so serious as overcrowding per room is nonetheless the cause of sickness, chronic ill health, low vitality, and the death rate far above the average of more open districts. We have reduced our infant mortality in Bermondsey very satisfactorily in the last few years, but we shall get it no lower until we thin out the population."

The flats had to be built, but

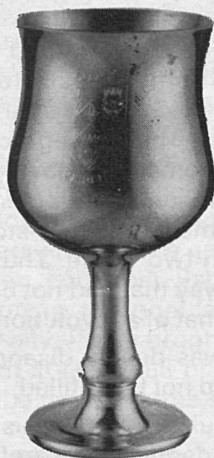
"future generations will pay heavily for our collective short sightedness in failing to distribute the population in accordance with the known laws of hygiene and public health."

By 1933 the Council's programme was indeed unequalled anywhere else in England. Dr. Salter continued to sustain his enthusiasm for rehousing for he maintained it was the only way forward towards better health in Bermondsey.

(to be continued)



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Dentistry at Guy's in the 1940's. Part 1

by Mr Donald Dawson

It seems extraordinary to me now that I should ever have been considered for admission as a Dental Student – that my parents, or my school careers board for that matter, should have planned such a career for me. I had been despaired of in carpentry at school, and was regarded there, and at home, as “no good with my hands”. Certainly the Dean of the Dental School at the time – at the outbreak of the last war – took no pains to enquire about this. I attended his interview with my father, I was asked no question, nor ever spoke. The whole interview was conducted between the Dean and my father and seemed largely to consist of reassuring the Dean that my father would be able to pay the fees and afford my dental equipment. I had passed the requirements for the Preliminary Certificate of Education demanded by the Examining Board for the L.D.S. and Conjoint diplomas – School Certificate with four credits, gained in not more than two attempts – I had just managed this, spreading my slender bag of four over two successive examinations. I was educationally accomplished enough evidently, and my father could pay the fees (just, and by selling the car to pay for my first year) – but aptitude – what on earth had that got to do with it?!

Those of us who qualified in dentistry at Guy's during the War years, if they began their studies in the two or three years after the beginning of the war, would remember Tunbridge Wells. All preclinical facilities, medical and dental, were evacuated there when the war began in 1939, and it was there I started my studies for my LDS RCS diploma in August 1940.

The Dental Laboratory for beginners was at Sherwood Park, a vast old mansion on the road to Penshurst, about two miles outside the town, together with the dissecting rooms, physiology laboratories and lecture rooms. It was in at the deep end for us. We started what was then called Dental Mechanics under the direction of “Baker” (no Christian name and seldom Mister in those days). We called him “Bake”, the mechanic entrusted with our earliest efforts.

First we were shown how to take an impression in plaster of Paris using stock metal trays, of metal edentulous jaws screwed on a metal frame like a giant articulator, and then to make vulcanite base plates and, on these, to build composition bite blocks ready for “Taking the bite”. Impressions and “bites” took us a week or more. We used our new face bows to take the “bite” for the only guaranteed successful result of our lives, on the iron jaws with their rigid vertical motions and no deviation to right or left, and achieved a vast cavernous space between the iron ridges large enough for the enormous porcelain teeth which Bake issued to us. Bake now started us on setting up on the Guy's articulator, a modification by Professor Fenn and others, of more complex anatomical articulators. Our star craftsman, head and shoulders above the rest, aptitude personified, had his in two tidy parallel rows in half a day, mine passed Bake's minimal assessment, rather grudgingly, after several days, and not before he had rapidly and magically

re-set most of them for me. I was told to "wax up". I spent a week over this (our laboratory sessions were interspersed with lectures, demonstrations of anatomy and physiology, and the properties of dental materials) and I took it anxiously to Bake. He puffed hard on his eternal cigarette – if, as we were regularly assured in those days, smoking helped the nerves – with good enough reason. What he thought I had been doing since I last showed him my more than erratic set up I cannot imagine, but after deep thought he said "A very nice set up" (he had done much of it himself), "Now, go and wax it up"! I cannot remember what happened after that, but the next two weeks seemed to be spent flasking, packing the hot smelly rubber into the steaming mould, vulcanising, hacking reluctant dentures out of the mass of solid plaster ejected from the pressure-cooked flasks, scraping and filing again, and then endless sandpapering, trying to remove the ugly pits and scores in the inaccessible portions of the palate made with plaster knife, Kingsley scraper, and vulcanite chisel in an effort to remove all the plaster.

While all this was going on, so was the Battle of Britain, and great air battles were being fought over Kent, and at times, over Sherwood Park. From time to time, Dyke, the uniformed porter, would appear at the door of the dental laboratory and shout "Air raid warning, air raid warning" and, clutching our gas masks in their cardboard cases or in home-made camera-case-like satchels, we would file out into the corridors. This was soon given up as few bombs fell nearby at this stage, and if we left the laboratory at all, it was to gaze in awe and wonder at the spectacle above.

At the end of my first year I became ill. My friends in the digs fetched a doctor, in this case aged 90, long retired, a relation of the great physiologist Starling, known through some family connection to one of our group. Dr S. listened to my chest with an aged ear through an aged stethoscope, and finally pronounced a slight "murmur", the rash on my leg he more correctly defined as "erythema nodosum" at that time thought to be rheumatic in origin. He pronounced rheumatic fever and told me solemnly that I should have to limit my activities thenceforward, cut out hockey and violent activity, guard against any stress of my defective cardiac equipment. A message was sent to my home. A day later, when I was lying in bed, my fever, though not the erythema, abating, and feeling no end depressed, my mother arrived to rescue me. She was horrified at my digs, at the neighbourhood and the squalor (as it seemed to her), the freezing bathroom full of old, stored furniture, the slaving bulldog who used to chase us upstairs if we moved too fast, and the landlady's flashy daughter, clad in gay and colourful raiment, even in those more prudish days, of a generously revealing nature! We were all too young and innocent in any way to take advantage of such beauty, but it was understood that our successors in the digs, more adult and more enterprising, had a field day!

I languished at home for three months, luckily most of it during the summer holidays; then the local GP, unable to rediscover the murmur, sent me to the Guy's cardiologist, Dr Campbell. I had to travel across London to see him at Orpington, one of the Guy's sector hospitals. He listened carefully, as puzzled as the GP, and sent me out on a brisk walk up and

down a nearby hill. When I returned he listened, tapped again, and as solemn as the nonagenarian, gave his verdict. "If I were you" he said, as my errant pulse jerked and throbbed in anticipation of the verdict, "I should start playing hockey again, straightaway".

I returned to Guy's, this time to London, the worst of the Blitz was over, and to the second part of our Dental Mechanic's course, plus the Special and Dental Anatomy and its controversial comparative dental anatomy. These examinations passed, we should then proceed to clinical studies, and my abilities with my inadequate hands would have to be developed a good deal more than the limited promise indicated in the dental laboratory. But first we had to master "zincs and leads", an archaic craft even then, it was certainly hard to imagine any practitioner still using such means to make a denture in the 1940s, let alone in 1987.

In essence it was to make a wrought gold partial denture, as opposed to a cast one. First a plaster cast was obtained from an impression, in our case from a standard iron model with 65¹/₅₆ missing, so that a "saddle upper" could be planned. The plaster was painted with stearin, a fatty compound, and an iron cylinder about 9 inches long and about 4-5 inches in diameter was placed over it. Damp sand was then packed in so tightly that when it was up-ended, the model was firmly embedded in a solid block of sand. The model was tapped gently with a small hammer and, if all went well, would fall away leaving a perfect impression, a mould in the sand. Not always, as I at once discovered, as first my sand poured out of the ring in the wake of the model totally eliminating the impression. Packed in again, more and more was retained until, at last, an impression remained good enough to satisfy "Doc" King, the mechanic now in charge of this part of the course. Now the laboratory, or this special anteroom, became like Vulcan's domain, as we heated ingots of zinc (or old zinc models) in huge ladles over blazing furnaces and then, when all was melted, it was poured in a glittering stream into the sand mould. Well, if you passed this stage – and when all was cool you could unearth a perfect model of the mouth made entirely of zinc, and free from bubbles – you were halfway there. The other half was to set the model in sand once more, but this time with all the teeth and palate exposed, once more heat and giant ladle, this time filled with lead, and pour this on top of the zinc, making, in fact, a counter die. This was prised off and set aside. A metal plate, in real life of gold, in our case of German silver, was cut to the boundaries marked on the model by "Doc" King of the proposed saddle upper, using a preliminary foil pattern. This approximation was tapped and hammered onto the zinc with a horn mallet, then a required piece of our personally and expensively supplied equipment, so one then had an approximately but roughly fitting piece of German silver (or gold) lying on the zinc model. The lead counter die was now placed on top and, once more repairing to Vulcan's domain, where all the heavy work was done, it was placed on a large block of old tree trunk, and two or three crashing blows were dealt on the lead counter die with a sledge hammer. If all went well this really forced the well-annealed plate into place; if all did not go well, it simply slipped down the palate towards the rear end and the plate was irretrievably short around the premolars. Start again! The final

stage was to solder a strengthener across the whole of the palate area after it too had been struck into place using the counter die again. If the solder flowed evenly between the two surfaces the denture rang like a bell if you dropped it onto the bench; if it did not, it fell like a dud shilling on a sheet of cardboard.

Special or Dental Anatomy and Physiology – luckily inspired by working with my brilliant mate, Stuart, later to become an academic giant, with whom I was now in digs near Clapham Common – was passed. This was considered a relatively hard examination, complicated by the comparative dental anatomy and the need to learn, off by heart, the dental formulae of a great many animals, from Aardvark and Thylacine, to Crocodile and innumerable ungulants and ruminants. This was much helped by the excellent display in the Natural History Museum, especially set up for dental students, and we visited it many times. I cannot remember a single dental formula whatever other than the human one, recalling only that the horse's age can be gauged from the teeth by the "mark" and that they have semi-persistent pulps, that kangaroos have a jaw hinged in the mid-line and that one variety of crocodile can be distinguished from another by its teeth. I have seen a good many kangaroos and marsupials of all sorts, and watched them browsing, trying to detect some evidence of a hinge in the midline without success, and I have seen many crocodiles, and it is easy to discriminate between the giant estuarine crocodile and the smaller Johnston's freshwater one without needing to get close enough to check its dental state! The Thylacine or Tasmanian Tiger, is generally considered to be extinct, save by a small number of enthusiasts – professional and amateur – who search the bushland ever hopefully and regularly report "sightings" with the frequency and accuracy of UFOs. I never discovered what an Aardvark was or where it lived, or if I did, have certainly forgotten.

Armed with all this knowledge we moved to the Phantom Head Room. More artificial jaws, this time brass ones, below wooden, faceless heads and the rims filled with composition and teeth, from the ever-flourishing extraction departments, embedded in them as in the gingivae and jaws. Most of the teeth had advanced caries and on them we practised cavity preparations, linings, fillings applications of rubber dam, gold foil fillings, inlays, silicates and amalgams. For the only time in our lives we would be able to do this without consideration for the patient, and without tongue, saliva or cheek to interfere, and no display of gratuitous emotion of discomfort, real or imagined. When we had an awkward cavity on an upper tooth we simply turned the head upside down and did it by direct vision, a procedure almost, at times, emulating prophetically the modern reclining chair! The session we enjoyed most was extracting teeth from a phantom head, in this case equipped with solid brass teeth complete with roots, set in fairly resistant plastic compound to simulate the natural resistance of the supporting tissues. Once again, never to be repeated, teeth that would not fracture, to be extracted from a jaw that would always yield. But we learnt very thoroughly the use of all the forceps and the simpler elevators, and the position adopted for each tooth, so that when we made our first tentative efforts in the local anaesthetic room, and shortly afterwards in the "gas"

room, we were more confident at this than at any other procedure. Many times in my life, and particularly in later years, I have said that the extraction of teeth is something that seems very easy at first and becomes more and more difficult, the more years you spend doing it!

(to be continued)

"Top Gum" – the BDS Revue

reviewed by our Theatre correspondent

Top Gum – where the best of the dental students come to learn how to control a supertorque better than anyone. Some will reach the top, some will fall by the wayside, others appear to have survived to put on this revue.

Thus the first BDS revue for several years began, Rowe's revenge cocktails having been served first to get us in the mood. Anything seemed to go in this supposedly dental evening – we had French lessons, uncensored pictures of a certain physiology lecturer's holiday and everything from amoebae to the Big Bang.

A leather-jacketed Graham, "who could give up anytime", portrayed a dental addict, not that the jacket stayed on long, off it came to expose a dissection coat which was quickly discarded to reveal the combat uniform – a dental tunic. In this he could "chase the dragon on Floor 26 to get his fix of patients".

The ménage à trois, Jean, Pierre and Yvette gave us a French lesson. Jean got close to Pierre, Pierre was close to Jean, both were very close to Yvette and it was all too close to the mark!

Love sounds carried on in the same vein; cigarette being the first love word, distorted whipping was the seventh; I'll leave the five in between to your imagination.

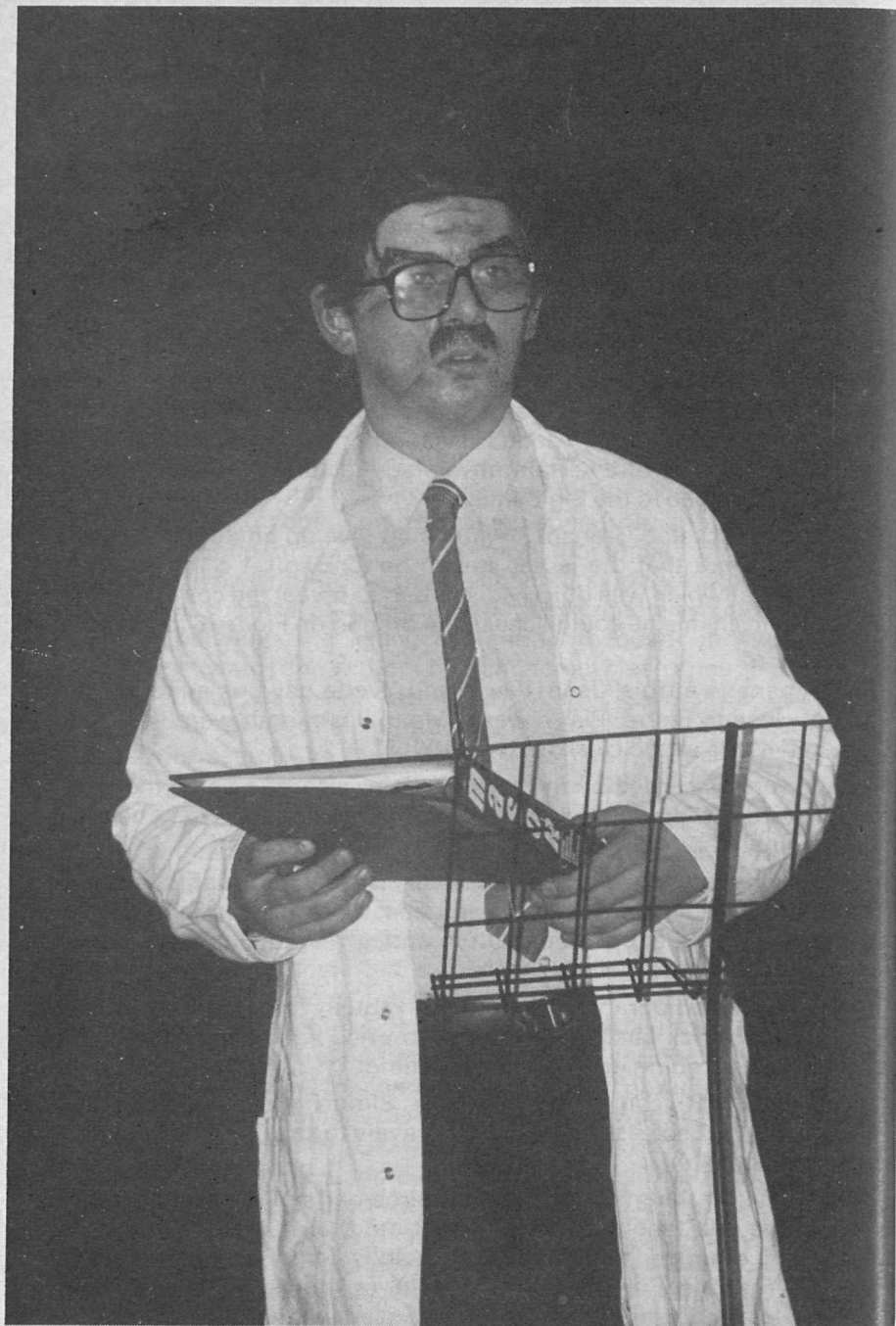
Displaying a fine talent for mime, Austin ran us through a brief history of the evolution of mankind from amoeba, via mollusc, fish and ape, to *homo sapiens*. At the touch of a button, though, events turned full circle as the stage erupted into nuclear oblivion.

Panoramic radiography brought us vaguely back to dentistry* again with Myles "Patrick Litchfield" getting to grips with Sarah – he certainly wouldn't mind probing her pockets sometime!

"I know CPR, can I help?" Nurse Simon made cardiopulmonary resuscitation look so easy as he fought bravely to save a heart monitor in its final seconds of life.

Medicine for the masses looked at three parts of the human anatomy: the eyes, the CNS and the heart. To test out their functions unsuspecting people were dragged from the audience. Jolly John Radford did not evoke much of a response; the eyes did not want to know. The CNS didn't reach threshold frequency and the heart only just managed to keep beating. On the other hand, Cathy Drysdale sent the system mad with gaping eyes, a CNS really going for it and the heart ready to explode.

"The Seven Days of Freshers' Week", sung to the tune of "The Twelve



Tim Hodgson in the BDS Revue

Days of Christmas", brought back a few memories of those long-gone days – "sick in dissection", "too long at the Inflam" and "so * * * I cannot see" are the verses that spring back to mind.

Tracing even further back we were reminded of our dental interviews, with Simon showing off his manual dexterity (amongst other things) with plasticine. He wants nothing more than money, a fast car, and a gold plated supertorque if he makes it – dream on!

The finale, "We don't need another filling", was probably the best I have ever seen. Tina Tim Turner and her Probes sang brilliantly to the music of "We don't need another hero". A fishnetted Tim, complete with leather off-the-shoulder jacket and tight leather skirt kept a few people guessing as to his sex as he strutted up and down the stage very competent in his stilettos.

The revue brought to an end, the evening continued with a buffet meal in the Upper Spit followed by After April and Plasma in the Ballroom.

Although revues are by nature introverted, dealing in in-jokes and the ritual humiliation of foes recognised only by those involved, it was still rather sad to note that the biggest laugh in the entire show came in Graham and Myles' "Liontamer" sketch, adapted from Monty Python, when Mr. Scrotumburger, a disillusioned medical student, described his colleagues as "wimpy". Perhaps this display of tribalism was more of a reflection on the audience, for the standard of the show itself was generally high and in some cases excellent, with a sharp script and well-rehearsed cast. Congratulations to all involved – let's hope that the BDS revue lives on to fight another day.



Tina and her Probes

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Research at Guy's

Research in the Unit of Psychology

The research interests of this Unit have been focused on two contrasting areas of psychology, namely cognitive experimental psychology and health psychology. The research output has been fairly equally divided between these two areas and the main recent studies will be briefly outlined.

The cognitive experimental work has been based on laboratory studies of different stages of human information processing. A few of these have investigated such basic processes as stereopsis^{1,2} and perceptual scanning and problem-solving^{3,4} whereas the majority of interest has been concerned with factors affecting cognition. The latter has included experiments on individual differences in visual scanning^{5,6} together with a range of studies investigating the effects of psychiatric illness^{7,8,9}, ageing¹⁰ and congenital deafness¹¹ on such cognitive functions as face perception and recognition, memory, problem-solving, motor control and lateralisation.

A rapidly growing area of research for this Unit, and for psychology generally, is the study of psychological aspects of health and illness. At Guy's this has developed and been greatly facilitated by collaboration with many clinical departments in the hospital and dental school. In recent years this has resulted in studies of the role of psychosocial factors in surgical out-patients¹², the relation between dental attitudes, anxiety and dental health in children¹³, psychological effects of pre-natal diagnosis¹⁴ and psychomotor recovery from anaesthesia¹⁵.

In addition to these 'in house' studies the Unit has strong research links with the Psychology Department at Royal Holloway and Bedford New College and the head of the Unit is currently responsible for the supervision of two Ph.D. students at King's College Medical School.

Although the two areas of research outlined above may appear quite distinct and separate, a great deal of our ongoing research brings together components from each. Current research in health psychology is very much concerned with the role of cognitive processes in mediating health and illness and this is becoming a central focus for this Unit.

John Weinman

Reader in Psychology as applied to Medicine

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Dental Notes

Dental Manpower and UGC visits

In 1955 the Dental Schools of Britain produced something in the order of 500 graduates per year. By 1980 this had increased to nearly 1000 graduates per year. This increase was achieved not by building new Dental Schools (except for the Welsh National School at Cardiff) but by increasing the intake at most other schools. In the 1960s it was assumed that the ravages of dental decay would continue to be a major health problem and that an increase in the number of dentists in the country would be required. However by 1980 it had been realised not only that target ratios of one dentist to 3,500 population had been achieved, but that the preventive dentistry programme and fluoride had been successful far beyond expectations and there had been a dramatic reduction in the amount of dental decay in the young. This led to the decision in 1981 for a 10% reduction in dental student numbers. This was mainly achieved by the amalgamation of the Royal Dental Hospital School of Dental Surgery with Guy's Hospital Dental School. At that time the Dental Hospital at Leicester Square closed and staff and some students came over to the Guy's site. With some reductions elsewhere a 10% reduction in dental student numbers over the whole country was achieved.

It has gradually become apparent that this reduction was not sufficient and the Department of Health and Social Security has recently accepted the view of the British Dental Association and others that a further 10% cut in student numbers was necessary. The University Grants Commission have

set up a working party to examine how best such a reduction in student numbers may be achieved and to look at the optimal size of dental schools which might enable a wide variety of disciplines to be taught efficiently. The formal terms of reference of the working party were as follows.

To consider the future organisation of national provision for dental education, at undergraduate, postgraduate and post-experience levels, in the light of the reduction in the undergraduate student intake and the small size of some of the existing schools and to advise the University Grants Committee on the need of rationalisation.

It was against this background that the UGC working party visited Guy's on 24 February to inspect our facilities, our teaching, our liasons with other staff and our capacity for expansion as well as deducing the effects that any reduction in student numbers might bring. Guy's received a long and complicated questionnaire some 2 weeks and 4 days before the visit with a request to have this in the committee's hand one week before the visit! This lead to an enormous amount of work in a very short period of time and long and extensive hours by the administrative staff and in particular the Dean, Professor Rowe. In spite of this schedule a fine document was prepared in time.

The working party split into three groups on their visit to Guy's. One group visited the pre-clinical facilities and was taken round by Dr. Hutchinson, the Sub Dean for dental admissions. One group toured the clinical facilities in the Tower and was taken round by the Dean, Professor Rowe. The third group visited the research and teaching laboratory facilities in the Tower and was taken round by the Sub Dean for dental studies, Dr. Challacombe. Following the tours the working party members had a private lunch and then met student representatives who were grilled about their attitudes to the school, whether they felt that the large number of students led to anonimity and on the advantages or disadvantages of a smaller number of students. By all accounts the committee were very impressed with the answers received by the students and in particular their contentment with most aspects of the course. The working party went on to meet the Heads of Departments and then the officers of the school. During this week the working party visited King's and UCH and eventually will visit all other dental schools in the country, except Edinburgh, before finally visiting the London in July. It is hoped that their report recommendations will be available in November.

The working party has some difficult decisions to make. Their options would appear to be closing at least one dental school and leaving other schools untouched, attempting to amalgamate two or more groupings of schools, or a reduction in numbers throughout the schools. However the latter course may not be so straightforward as it seems since the working party is also looking at the viable numbers for a dental school and may well decide that 50 students are needed as an annual intake to allow for the wide range of teaching experience required. Half the dental schools in the UK already have less than 50 students and this would mean that those above this number, including Guy's, would have to take a larger cut.

All will be revealed in November but it is hoped that an amalgamated school such as the current dental school of the UMDS which had undergone major changes in the last few years and had now proved itself to be a viable and coherent entity will be left alone to develop further. The nine members of the UGC working party are Professor Moore from Manchester (Chairman), Professor Dollery from the Royal Postgraduate Medical School at Hammersmith (Vice-Chairman), Professor Smith (Sheffield), Professor Mason (Glasgow), Professor Allred (the London), Professor Robertson (Cardiff), Professor Storer (Newcastle), and Mr. Reeves (a general dental practitioner who is on the GDC).

Dr. S. J. Challacombe

Letter from Nairobi

Basking under the equatorial sun at Nairobi Dental School, there is no shortage of news to interest the many Guy's men who have been here before me. Several graduates on the staff either did all, or some, of their training at Guy's or come as visiting lecturers, like myself. It seems like just another wing of the old campus.

Eileen and Roy Jaffe were already here. Rod Cawson was supposed to be but declined. Freddie Hopper, former Dean of Leeds and his wife, Goodwin, last year's President of the Dentistry for the Handicapped Society came instead. The usual Guy's baiting had to be suffered. "You can always tell a Guy's man, but you can't tell him anything." I believe the time to feel we are really losing our position as the dental school *par excellence* is when outsiders, particularly Deans, from other schools no longer feel compelled to blackball us in public. It must be significant that we feel no need to defend our own reputation by trying to diminish others. Usually it is enough to point out there is nowhere higher for dentistry anywhere in the world. From ground level that is, not sea level.

I did sneak a peep at Freddie's teaching material. He admitted to using the Guy's "bible" by Cawson for his lectures.

The Guy's Nairobi link via the British Council has existed for many years. The first visitor Sofieta Likimani recalls is Bill Binnie, now settled in Dallas. Jack Rowe has been the external examiner for many years. So has John Metcalf. The University prides itself on maintaining the international status of its qualification by calling upon eminent examiners from abroad to monitor final examinations. This policy is endorsed, I notice today, in an article from one of Kenya's leading national papers. If this is to continue then of course heed must be given to the decisions made by those external examiners, irrespective of internal pressures to alter a failure to a pass for the sake of expediency, however extenuating the circumstances.

Jean Wilkins, a retired dental technician from the Eastman has come for six weeks to teach crown and bridge technology. Alas there is no investment powder available yet. Not for want of wherewithal (like Guy's) but lack of lubrication for the administrative machinery. So I am told.

With so much conservative dental surgery having been taught here by Hedley Grabaskey and Chris Wagaiyu on the staff, little wonder it shows in the excellent work produced by the students. Eileen Jaffe rates it with some of the best seen at Guy's. David Brown is well known here too. His pre-safari fund of knowledge was a boon for me. I know all the best and worst about the local bars. Each according to my needs. Nairobi Dental School students who have taken further studies at Guy's include Jacob Kaimenyi and Dr. Lesan, both now senior members of the academic staff.

My remit is to cover a one year DSA course in a month. There is no formal training in Kenya. Freddie Hooper was especially impressed with the nurse helping him in oral surgery, telling me how she had obviously been sent away to be properly trained as a theatre sister. Gleefully I pointed out that both she, Jocelyn Bwangi and Lucy Thang'a had spent three months in the Guy's School for DSA's in 1986. Margaret Monda was sent over for the full course in October. These three will have to take responsibility for training the next generation of dental nurses here.

My class of thirty "dental nurses" are in fact fully qualified state registered or enrolled nurses and all with midwifery diplomas. The world over, a cynic would say, dentistry's main attraction could be a cosy nine to five commitment.

Nick Vale's daughter Susan, a civil engineer, is married and settled in Nairobi. There's another link to be taken up before I leave.

On a non-dental note, there is a report in today's paper about the death of Liberace. It reads, "... Tom Jones sent the dying performer flowers, Sammy Davis Jnr. and Diana Ross." These Welsh superstars can certainly throw their weight around. Finally, never mention AIDS if you come here. It's a political hot potato.

Michael Maberley

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Physiotherapy

Keeping one's balls in the air, in the juggling sense, is the product of repeated practice allied to a well-developed skill in hand-eye coordination and demonstrated by only the highest-class performers in anything other than a stable environment and a balanced posture. In the teaching sense, it is not easily accomplished when the balls represent different courses – as well they reciprocally might, he adds with feeling – the environment is randomly fluctuating, and the posture undignified.

Regular readers will know that the training of physiotherapists at Guy's has been pursued in the face of criticism from inspectors, repeated staffing crises, threats from statutory bodies, ominous manpower surveys from Region, development of new curricula, modification of existing frameworks, and the rapid onset of senile dementia. If it were not for a loyal staff, lovely students, superb back-up from clinical physios, supportive colleagues and brilliant exam results we would surely have dropped the lot by now.

What provokes this outburst is the reappearance of what had long since been believed to be a genuine six-and-out lost ball, to mix the sporting metaphor. Just as we had seen the return of a little stability, the promise of success of our very own projected diploma course and the baffled withdrawal of the threat of imminent closure by Region, up rebounds the Degree Course Proposal.

For all that we had been told, the London University working party had totally lost interest in us, and in any other of the parties who were pressing their suit. Yet another case of *déjà vu*, we thought, regularly recurrent over the past forty years, more frequent in its comings and goings but no less mysterious than Halley's comet. Forget the aspirations towards academic respectability and continue to thump chests, drag reluctant walkers around the wards, and actually make people better. Ignore the increasing numbers of graduate would-be entrants to the diploma course, whose A level grades would never have given them entrance but for their degree. Be bitter. . . .

But no – the cliché lives, and light yet gleams at tunnel's end. Just as we had reconciled ourselves to a damn good diploma instead of a lousy degree, up comes an invitation to present our case anew. Quick, brush up the arguments. Forget the untimely climate of ministerial thought. Resolve to muster all efforts behind this one last push for recognition, and hope . . . Manchester University has actually accepted for an extramural degree the three-year Health Service-based course at the Royal Infirmary, very similar to our own newfledged diploma course. Is it feasible that another old adage still holds, and that what Manchester thinks today, London will think tomorrow?

Ronald Cooper

Correspondence

Reginald Lawson Waterfield

Dear Sirs,

I was sad to read of the death of Reggie Waterfield, another of my few remaining contemporaries at Guy's. He was, as J.A.C. (whom I can't identify) observes, a splendid eccentric but a charming and erudite companion. When he became a Resident in the old College, he astonished us by having a piano taken to his room, but his playing was quiet and restrained – Bach and Handel – and soothing. I recall many happy hours listening to him or singing such songs as "Linden Lea", over the phrasing of which I remember we disagreed. He was H.P. to Herbert French, always "the glass of fashion and the mould of form", who wore a grey morning coat and top hat in the summer and black in the winter. It was the custom in our day, for the H.S., or H.P., to await the arrival of his chief standing at the top of the steps by Whitbread's Office in the Colonnade. I was waiting for Philip Turner, my Chief, when an immaculate Rolls drove up and Herbert French stepped out. This synchronised precisely with the arrival of a taxi from which Reggie descended to confront his Chief. He was wearing a black morning coat, with a very wide braid edging, striped trousers, white spats and carried a beautifully brushed silk hat. He had just hurried from a wedding. The two, eyeing each other as they ascended the steps were a joy to behold.

Einstein's Theory of Relativity hit the headlines at this time and Professor Fyson gave a lecture on the subject, saying that if he dashed across the Physiological Theatre at the speed of light he would get smaller and smaller and disappear. "Don't be alarmed," he said, "I'm not going to try it". Reggie was also fascinated and I remember he intended writing a book about it – he produced a very comprehensive explanation. I wonder if he ever did. He wrote a memorable book on Astronomy – "A Hundred Years of Astronomy" – to which I have just referred. To my delight it contained a letter from him, he was then a Lieutenant in the R.A.M.C., having left us from Pembury. He said he was the lowest form of life in the Army but "I've come to the conclusion that in this racket the higher the rank, the bigger

the fool." Typical Reggie but quite unjust of course. He ends his letter saying he was sorry I had not visited his Father when I was in Hereford, of which he was Dean, "to take tea in the Deanery with the Holy Family", his inevitable description of his charming parents. He was a brilliant astronomer and I remember him dashing off to Giggleswick for the total eclipse of the sun visible from that outpost of the Empire, complete with a truckload of equipment. He took probably the best photograph of "totality", a quarter plate, of which I had a copy he gave me. I had it for years until somebody broke it, to my sorrow. I found him once sitting at a table, reading a book and solemnly turning a thick piece of glass round and round on a similar piece below. There was some pink grinding paste between the two pieces and he assured me that he was grinding a parabolic mirror for a reflecting telescope, the first time I had ever heard that it could be made in this way. It would take ages, even for a very shallow mirror.

Reggie was no sufferer of fools and could be acutely outspoken. House Officers were not paid in my day and the only pocket money we got was from coroners' inquests, rare attendances at Court and from writing medical reports for lawyers. The reputable lawyers always marked the fee – usually three guineas – but others took ages to pay up. It was always said that Reggie had cards printed which stated that:

"Dr. Waterfield does nothing for nothing and very little for sixpence."

He probably said it but I doubt whether he had the cards printed. In any case, I've remembered it for nearly sixty years and I'm sure I didn't make it up! Of many happy recollections of Reggie is seeing him and Professor Nicholson – (the great Guy's Pathologist and an expert on beetles as well!) – going to the Blue Boys, a hostelry near Pembury Hospital, not then renowned for its hygiene, simply for the beer, which they declared the best in Kent. What a splendid Guy's man.

Yours sincerely,
E. D. Y. GRASBY
Fotherby West
Hawkhurst
Kent TN18 5DB

Dear Sirs,

At long last the problem of there not being a Common Room for the junior Medical and Dental students at Guy's appears to have been solved. Recently, an enterprising band of the aforesaid have taken over a pleasant room in the Medical School building and have claimed it as their own. It is open from 9am to 5pm, Monday to Friday, and already has a healthy turnout of those students who

find the atmosphere of the Spit far too unsuitable for their social gatherings and continuous discussions.

Soon to have a record player, tuck shop and pool table moved in for their entertainment, all they need to do now is to move out all the textbooks to somewhere where people who really want to use them can work and everyone will be happy.

Yours sincerely,
ANTHONY GARDNER
Boland House

Book Reviews

A New Short Textbook of Surgery. L. Cotton and K. Lafferty. 362 pp. £12.95. Soft Cover. Hodder and Stoughton.

Although entitled A "New" Short Textbook of Surgery, this volume, like the phoenix, has arisen from the ashes of its predecessor, "A Short Textbook of Surgery", by Cotton and Taylor. Hopefully it has renewed youth and vigour, but unlike the phoenix, this volume has green feathers! The layout of the book is common to many other texts, a short historical introduction being followed by six chapters on general topics such as fluid and electrolyte balance, shock, nutrition and infection. In general, these sections are well written and pitched at the right level for the undergraduate, for whom surgery is but a part of an ever-expanding curriculum. There is a paucity of illustrations in the specific chapters, and many of those seen are so poorly labelled as to require a magnifying glass for elucidation.

Quite rightly there is no section on orthopaedics, which really requires separate treatment, but a very useful chapter on common general paediatric surgical conditions is included. The final chapter is on the nervous systems, and appropriately about half the content is given over to head injury and its management.

This book is easier to read than its predecessor, and better laid out. It is one of a number of similar British surgical texts for undergraduates now available on the market, and as such I can recommend it. It provides a more than adequate basis of general surgery for the medical student, and is modestly priced to be within the range of all.

M. JOURDAN
Reader in Surgery

A Surgical Catechism — Clinical Notes for Medical Undergraduates. L. Cotton. 54 pp. £2.25. Soft Cover. Hodder and Stoughton.

This short and small paperback book will fit into any pocket and is intended for medical students, who are in their first clinical year, to carry with them wherever they go. In some ways it complements the "New Short Textbook of Surgery" by Cotton and Lafferty. It is written in a dogmatic, no-nonsense style and it is clearly intended that large parts of it should be committed to memory. A limited repertoire of topics has been covered from general surgery and

from orthopaedics to illustrate systematically how to examine for common conditions. I was pleased to see at the beginning of the book a plea for time well spent taking a surgical history. As the author states, it is often the case that patients in surgical clinics do not have any particular physical signs, and a plan for further investigation and management may be obtained entirely from the history. There are certain points with which I do not agree. For example, I believe that a patient with a supposed thyroid swelling should be examined by inspection from the front before palpation from behind, but the points are well taken and do indeed represent a systematic approach to problems. There are some very simple and satisfactory line drawings to illustrate the various topics and, as such, I think is a useful and very cheap addition to the student armamentarium of books. Being easily carried around it is likely to be consulted more regularly.

M. JOURDAN
Reader in Surgery

Treatment and Prognosis: Surgery. Richard L. Hawkins (ed.). 278 pp. £9.95. Soft Cover. William Heinemann Medical Books.

This book is a new venture edited by an ex-editor of the *British Journal of Hospital Medicine*, and is one of a series of planned volumes which includes "Medicine", with paediatrics and obstetrics in the pipeline.

Thirteen general areas have been discussed by different authors, ranging from diseases of the respiratory system to the post-operative complications of surgery. Within each of these general areas a series of specific problems are discussed. At the beginning is a short thumbnail sketch of the important points in relation to the condition and this is then followed by the specific comments on prognosis, treatment and follow-up. There are no illustrations and each section is packed with relevant facts. A small number of references for further reading are also given and I was pleased to see that most of these are up to date; indeed, some of them are described as still being in the press.



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editor: Richard L. Hawkins

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The sections are well laid out and easy to read and, although there is far more information that is needed by the undergraduate medical student, the reading of each relevant section as the student comes into contact with the condition on the ward would, I am sure, prove very profitable.

Orthopaedics is not included and probably requires a book of its own. Apart from burns, trauma and resuscitation are not included, which is perhaps a pity since these do loom large in the students curriculum. Overall I would recommend this book to both the undergraduate and postgraduate student as well as to the practising surgeon who, I think, will find much of interest within this volume.

M. JOURDAN
Reader in Surgery

Aids to Operative Surgery. G. J. Poston. 214 pp. £7.95. Soft Cover. Churchill Livingstone.

I suppose that books of this kind have some value although I must confess to having my doubts. This volume is intended to be of help to the postgraduate studying for the final F.R.C.S. A whole list of relatively common surgical operations has been taken and a checklist created rather in the style of a *cookery recipe*. It is very turgid in its approach and inevitably in a book of this kind there are no line drawings to lighten the fare.

It is difficult to believe in this day and age that junior surgeons, partially trained and with a dedicated interest in a surgical career, would not prefer to study the common operations in more substantial books of operative surgery. Even if the individual trainee surgeon was not able to assist or undertake all the commonly performed surgical procedures, it is highly likely that such an individual would look for the relevant information in illustrated volumes. Having said all this, and thus cast doubt upon its value, the actual list of procedures set out represents a comprehensive selection and, although different surgeons do things in different ways, there is nothing grossly unorthodox in the suggestions for preoperative preparation, the operative procedure and any particular postoperative management that may be necessary. Perhaps it can be used as an *aide-memoire* alongside an illustrated textbook of operative surgery, but used in that way it is difficult to see that it has any particular advantage.

This book is of no value to the undergraduate student and I would certainly not recommend the medical student to invest even the £7.95 required for its purchase.

M. JOURDAN
Reader in Surgery

Colour Aids: Endocrinology. Peter H. Wise. 108 pp. £5.95. Soft Cover. Churchill Livingstone.

This small book stuffed full of colour photographs and information on endocrine disorders costs little more than half the cost of the *Good Food Guide*; most students will find it more useful although, like the *Guide* it is sometimes a little off target.

The layout is of a page of facts (e.g. local thyroid nodule or simple delayed puberty) on one page with two or three appropriately chosen photographs or x-rays on the facing page. The facts are given tersely as phrases under headings of occurrence, aetiology, clinical features, diagnosis, treatment and complications. There is no room for discussion of contentious issues such as the place of radio-iodine treatment of thyrotoxicosis, and the section on *insulinoma* rather begs the problem of diagnosing the cause of hypoglycaemia and makes no mention of factitious and tumour-related causes. In its brevity, there is a tendency for syndromes to be mentioned without any explanation and for some of the growing points in endocrinology inevitably to be missed. Diabetes mellitus is a little over-compressed into five double-pages. Aimed firmly at the student, however, the book succeeds.

The photographs are often striking (although some would benefit from an arrow locating the abnormality). Pictures of patients before and after treatment for hypothyroidism, hypopituitarism and Cushing's syndrome all vividly illustrate the clinical features of these conditions better than any written description. Gynaecological and reproductive endocrine disorders are dealt with well, but it is an omission not to include some ultrasound pictures of the ovaries in, for example, polycystic ovary syndrome. The CT scans have not been reproduced very successfully on the whole, and their orientation is often omitted from the description which will make interpretation difficult for the non-expert.

I am never sure that it is very helpful to include "normal" laboratory ranges; values, particularly for hormone levels, depend upon the methodology of the assay. Growth velocity charts would be useful (and are more appropriate for diagnosing growth disorders than the height charts included) as would the Tanner diagrams of the stages of puberty.

However, these criticisms should not detract from the excellent value of the book. I will be going out to get some of the other books in this series on specialties that are not my own.

N. FINER

Lecturer in Medicine (Endocrinology)

Modern Pharmacology. 2nd edition. C. R. Craig and R. E. Stitzel. Little, Brown & Co. 1115pp., £21.50, Hard Cover.

The first difficulty in using a pharmacology textbook written primarily for use in the United States is that of differences in drug names. Thus for epinephrine read adrenaline, for lidocaine read lignocaine and for albuterol read salbutamol. There is another more serious difficulty with this book for those who practice in the U.K. For example: the short to medium acting barbiturates are described as generally used as sedative-hypnotics; quinidine is cited as a drug of choice for atrial flutter; reserpine is used in mild to moderate hypertension.

The book is well produced and the style is clear. There are interesting and pithy descriptions of mechanisms of drug action in a general chapter and in all the individual drug sections. The chapters on drug development and pharmacokinetics are sensible and even I could follow them. The formulae and diagrams are excellently printed.

I think this might be a useful reference book for preclinical and clinical medical students. Particularly so because of the broad coverage of the subject and the inclusion of fringe areas such as endogenous lipids, hormones, electrolytes, immunomodulating substances and blood clotting. The Americans now seem to challenge the Germans in the comprehensiveness of their text books.

R. G. SPECTOR

Professor of Applied Pharmacology

Aids to Endocrinology. J. C. Stevenson and P. Chahal. 158 pp. £4.95. Soft Cover. Churchill Livingstone.

This compact compendium of facts is a Hammersmith book, and it has the academic flavour and quality which one would expect from a first class but rather special set of departments. The lists, the explanations, the theories are well and crisply laid out. The authors take the view that "clinical diagnosis and management can come only from experience" and so restrict themselves severely to "guidelines" in this respect. As a result, approaches to the problem of Cushing's syndrome for example, or subfertility, are rather simplistic and would be unhelpful to beginners. This is a first edition so omissions such as "pregnancy in diabetes" will hopefully be corrected in due course. Similarly, figures drawn from a postgraduate secondary referral pattern might be rendered more typical of the country as a whole. Perhaps an index could be added. Most students would find this book overwhelming and tedious, but the MRCP candidate and the Medical Registrar could hardly spend a better fiver for an up-to-the-minute *aide-memoire* in this area of medicine.

B. HICKS

Consultant, Department of Endocrinology

Aids to Pharmacology (2nd edn). H. Rogers and R. Spector. 270 pp. £7.95. Soft Cover. Churchill Livingstone.

"Aids", rather like the word "gay", has taken on quite a different meaning over the last few years, however the only connection this book has with a "deficiency syndrome" is that it may help to remedy a deficiency of pharmacological knowledge. Like other books in the series, the information is presented as a collection of lists, tables and charts which have been pruned to the bare essentials to assist clarity and prevent confusion with unwanted detail. The book is aimed at preclinical medical students although, as the authors quite rightly point out, much of it is relevant to clinical students preparing for Final MB Therapeutics.

The layout is much tidier than in the previous edition and with the inclusion of an index, finding one's way around is a lot easier. Nevertheless, little effort has been made by the publishers in laying out the book to make it pleasing to the eye and some tables and lists are spread confusingly and unnecessarily over two pages; a pity because a little more white space would improve readability. The coverage is all-embracing and the inclusion of more detail in a number of sections has increased the size of the book by about 50 pages. Areas that have been updated and expanded include CNS transmitters, the prostaglandins and other eicosanoids, the mechanism of action of anti-epileptic drugs, opioid receptors, and the mechanism of action of antimicrobial and anticancer drugs. There are a couple of strange points of classification in that the non-steroidal anti-inflammatory drugs, anti-arthritis agents (e.g. gold, penicillamine) and drugs used to treat gout appear in the chapter headed "Drugs affecting the CNS, II — Analgesics". Also antimalarial, antifungal and antiviral drugs appear in the chapter headed "Antibacterial drugs".

Despite these minor criticisms, the overall impression of the book is good and it should prove a valuable text for the hard-pressed medical student.

B. V. ROBINSON
Senior Lecturer in Pharmacology

Medical Microbiology: A Review with Questions and Answers. D. J. Hentges (ed.). 320 pp. £15.40. Soft Cover. Little, Brown & Co.

This is a useful review-type textbook from Texas. The attraction is in the self-test questions and answers that follow each section, and the final chapter consisting of 100 MCQs with answers. The text is clearly written and the information is up to date. The emphasis throughout is on the basic microbiology of bacteria, viruses etc., with separate chapters on fungi and on protozoal and metazoal parasites. Immunology receives a chapter of its own, and there is a fine 40-page chapter on genetics and microbial genetics.

However, the book is not clinical enough for UK medical students. Diagnostic, therapeutic and clinical aspects of infectious diseases are dealt with rather briefly, and there is very little about subjects such as cross infection, wound infection or vaccination. In addition, the book perhaps suffers from not dealing with infectious disease under systems (respiratory, urino-genital etc.). At £15.40 it is not expensive, but I believe it will be less successful in the UK than it might be in North America.

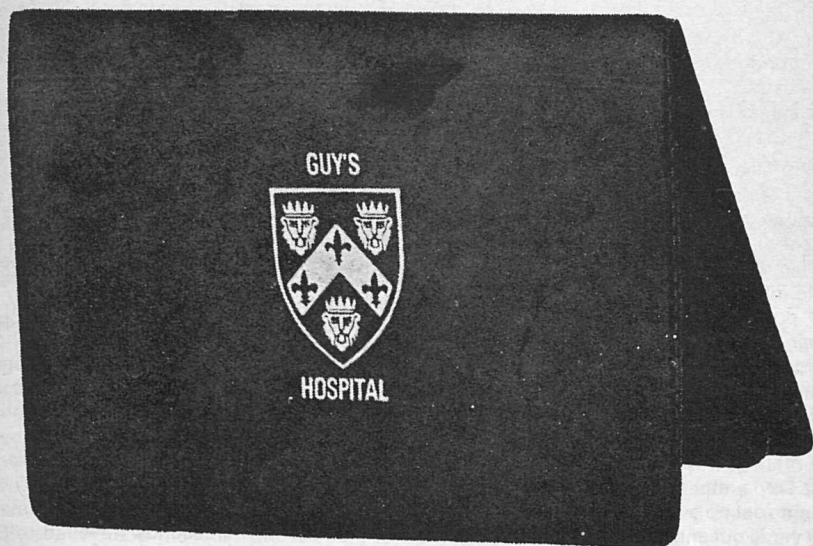
C. A. MIMS
Professor of Microbiology

Immunology — An Illustrated Outline. D. Male. 116 pp. £5.50. Soft Cover. Churchill Livingstone.

In today's rapidly expanding field of immunology it is difficult for an immunologist to keep up with the level of progress. For anyone having to learn and understand the subject, their task is made even more burdensome by the bewildering array of immunological terminology. Recently, Professor I. Roitt and co-authors published a new immunology text book called "Immunology" which presents the subject in clear and simple text and with good quality colour diagrams. One of the co-authors, David Male, has now released an illustrated outline of this book entitled "Immunology". This book is designed to have two functions: either it can be used as a dictionary of immunology, or as a concise revision guide/study aid. The seven chapters cover all the important aspects of immunology in a dictionary-type definition form with little or no explanation. The colour diagrams are the same as those in the parent book. Overall this little pocket-sized outline of immunology achieves what it sets out to do, but I would not recommend it to students as a replacement for any recognised immunology text book. Although the parent book is twice the price, it has more than double the information value of this pint-sized version.

P. SHEPHERD
Senior Lecturer, Department of Immunology

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RUGBY CLUB 1st XV Report

Old Mill Hillians	H	W	15-3
Esher	A	W	9-7
Old Blues	A	L	22-11
Sidcup	A	L	32-0
Streatham and Croydon			Cancelled
Cambridge University	A	L	0-27
Maidstone			Cancelled
Hospitals' Cup 2nd Round (vs Royal Free)	A	L	11-10

Mill Hillians – A solid performance by the whole team with a superb game from Graham Bevan led to a deserved victory.

Esher – A great game all round. Early in the first half slick handling in midfield let Ballerina Jones slide through for a try under the posts which Davies duly converted. Esher replied with a penalty soon afterwards. The game stayed poised at 6-3 despite some tremendous rugby from both sides until Esher scored in the corner with only six minutes to go. All seemed lost but the mammoth presence of the Guy's pack (Pat Davis, etc) began to tell; good scrum-maging set up a drop goal for Davies from a few yards out and we went away singing.

Old Blues – The first game of the New Year with "Crusher" Scanlon in charge; Guy's were always ahead until the poor tackling in the last ten minutes allowed the Blues to run in two soft tries. (A. Pandey made his debut for Guy's.)

We arrived at Sidcup with freezing conditions putting the match in jeopardy; upon taking to the tundra we only managed a lacklustre performance hence the disappointing result.

Cambridge University – Although the scoreline doesn't suggest it, Guy's produced some superb rugby against a side containing eight Blues. D. Wayne, our scrum half, was invalidated off after ten minutes which left us severely handicapped. The Guy's pack played supremely, repeatedly driving the opposition off the ball and winning three against the head. We missed the experience of some of the older players in the backs, however, which with their decision to try to kick every penalty awarded them, gave Cambridge a wide margin of victory.

Hospital's Cup 2nd Round vs Royal Free – We had the ability to win this game but did not seem to possess the will until very late on. The Royal Free produced some very fierce loose play in the first 20 mins which caught our forwards unprepared; they kept up the pressure and managed to score twice in quick succession while we continued to doze. Half-time saw an upsurge of spirit and Guy's began to take control of the fight. A skilfully worked penalty move yielded a try for Docker; Davies converted. Soon after Coleman sliced open the opposition's defence and Barwell (who played well throughout) in support was able to score. Guy's kept the pressure up but time was against us: final score 11-10.

TEAM: Parry, Mistlin, Seare, Davis, Beardmore (C), Barwell, Bowskill, Dooley, Docker, Davies, Bunting, Leigh, Coleman, Redman, O'Brien, (Dinwoodie).

SOCCER CLUB 2nd XI Report

Having lost only one league game before February, the seconds travelled to Shenley with high hopes of a win over UCL4. We lost 4-0, and Terry the Terrible was. The UC captain was impressed when, at 3-0 down, three of our boys stopped to aid and medically advise a UC player with cramp. I was disgusted.

In the following game, we should have made dogmeat of QKC5 for a reason which I'm too ashamed to report. The 3-1 scoreline was far from adequate and N. Marchbank, the only player to keep his head, scored all three.

Then came the LSE3 away game (the best game of the season?) in which the oppo could simply not penetrate the defence of McHugh (J), Abrahams, Callaghan and Carapeti. N. Marchbank looped in an early goal, after which a blizzard threatened to halt the game. R. Sajjanhar deservedly slotted in our second midway through the second half, and G. Biswas did superbly to avoid scoring our third. Sadly, our after match photos and celebrations were not appreciated by our main rivals.



A bashful 2nd XI teaches LSE a lesson in sportsmanship

Still on a high, we met UCL5 three days later. Nigel claimed his third league hat-trick of the season and the UCL goalkeeper was so appalled by our attempts to convert Jim's perfect corners to goals that he resorted to doing the job for us. Alan was still on form too, and J. McHugh coolly tapped the ball in from the spot after Saf was fouled. Of Nigel's three, perhaps the best one came from a well placed Sajjanhar free kick to the Gaffer's head; the ball flew into the back of the net leaving a despairing UCL goalkeeper's torso twitching on the turf.

With one game left we needed two points to snatch the championship away from LSE3. The team was dangerously psyched up (except for the third year dentists) and Gilly started grunting some strange Maori monstrosities to calm us down. A useful psychological point was gained when UCL4 arrived without their kit and were forced to don our old mangy third team kit (nice one Roy). P. Elphick poached the first goal after the keeper failed to collect a cross, but UC soon levelled the score. Fortunately, the UCL keeper made a technical error, the free kick from which was blasted through twenty-one legs by Raj to make the half time score 2-1. The second half became heated and scrappy, and after P. Elphick converted our third from a Masani cross in the last ten minutes, UC4 hit back to leave a nail-biting finish. M. Ishaque played excellently on the

left wing and was unlucky not to score, as was Nav, back from the land of ankle oedema. D. Bailey fought admirably, gaining a fat lip for the cause. The final score was 3-2 and earned us the championship and promotion to division 1R, having dropped only five points out of twenty-eight. The supporter of the year award was won by Colin on the merit of having invaded the pitch once.

The Man With No Name

BOAT CLUB

Peterborough Head, Sat. 7th February

This was the first time Guy's have entered this event (well organised – but what a boring course), the first time the Captain had ever towed a trailer (let alone one over 35ft long) and the very first time a Guy's Ladies crew had rowed away from home.

The Ladies, resplendent in new kit, rowed well although they lacked the necessary stamina over the 5500m course and faded somewhat towards the finish (time: 21:59). The men, without their regular stroke due to illness, were forced to change the order in the boat. The result was a rather high initial rating which took its toll towards the end (time: 18:02).

On the way home, the trailer did its best to decapitate a couple of petrol pumps ("good judgement" said the driver) while the minibus took on liquid of a different kind at a rural off licence. For the next two hours of the journey, the bus stopped every 15 mins for the 'relief' of desperate passengers.

University of London Head, Sat. 28th February

The girls trained exceptionally hard to build up their stamina in the run up to this race, while in contrast the men suffered from a severe lack of regular outings in the VIII.

The Head is rowed over the Boat Race course from Putney to Mortlake (4¼ miles). The men, savaged by a near fatal epidemic of tonsillitis, were leading the novice division and knew they must not be caught if they were to win. This they did with a fine row, pulling smoothly away from the Royal Free with some superb coxing by D. Pryke, to win in 22:25 beating Georges, Mary's, King's, Charing X and the Free. The crew collected their Head of River medals. Tonsillitis is obviously the answer.

The ladies looked one of the best crews as they lined up for the start, but were unfortunate (to say the least) to lose an argument with Putney Bridge on turning (the result of confusion over instructions from the marshalling launch). Surprisingly, the boat came off worst and limped to the bank with a large crack down the bow side. A hasty repair job enabled the boat to return to Chiswick but long after the race had occurred. All were very disappointed since they had an excellent chance of winning.

Question: What is a bridge? Answer: Something that sits in the middle of the river for a hundred years, and then suddenly leaps out in front of a female cox! (only joking, Ali!)

Reading Head, Sat. 7th Match

The Men's and Ladies' 1st VIII's set off for snow-covered Reading on a dismal day, plagued by freezing, driving wind, sleet and snow. Due to the narrow Thames, the Head necessitates a long wait upstream for those crews towards the end of the order, with the result that both crews were stationary on the water in the wind and snow for over 1½ hours. Most of us had never been quite so cold before. Eventually we started and the

men had an excellent race, passing Barclays Bank II early on and managed to hold off a strong Imperial College crew (the eventual winners) almost until the finish. The time was quite respectable at 17:11 rising from 95th to 75th place.

The ladies waited even longer in the cold but rowed magnificently to finish in 19:30, passing two crews down the course (3 miles). This was in spite of easing up in the narrow stretch for fear of colliding with the slower crew ahead. The girls powered towards the line, the pace ever increasing with the cheers from our gallant but drenched band of Guy's supporters (thanks for being there!). The ladies finished 2nd overall in the novice division, even beating Barts who won Head of the River the previous week. Well done, ladies! A superb performance.

MEN'S 1st VIII

Crews: S. Huins, J. Pollard, P. Barnes, S. Moore, T. Rose, S. Andrews, J. Knighton, S. Khakoo

Cox: J. Deprose

Also rowed: A. Ward, E. Read-Ward

LADIES' 1st VIII

Crews: J. McCurrich, S. Griffin, G. Skailes, H. Gaylard, C. Godber, S. Robinson, C. Barnwell, S. Cockayne

Cox: A. Renshaw

Also rowed: H. Palmer

Tressle Maker

MOUNTAINEERING CLUB Diary '86-'87

We managed to con many new recruits into joining the club at the Freshers' Fair back in October. A total of 55 people at £12 each helped us overcome the Summer hiccup in expenditure and has absolutely nothing to do with several of the committee members' recent acquisition of new gear.

Subsequently we discovered spacecruisers and set off to the Peaks in mid-November in real style. The wise mountain men/wimps (it's often hard to tell!) warned us not to camp, but were proven wrong and a good weekend was had by all – aided immensely by our discovery of frothing, which is great fun, especially under pub tables.

Now to more serious matters. In full knowledge of the ever-approaching fusion of the clubs in Guy's and Tommy's, we must

nevertheless announce War. What misdeed could have brought on such a declaration against St. T's mountaineering club? ... They nicked our Sainsbury's best Christmas cakes (with added rum!) from our unlocked minibus laden with food for our Xmas dinner! OK, so we could live without our cakes, but after we had spent all weekend accusing ourselves of hiding them, it was more than a little cheeky to send us a postcard from the Lake District thanking us for the delicious cakes. Revenge will be sweet (probably Victoria Sponge).

Despite our Christmascakelessness and cooking the turkey upside down with the giblets still inside, a very very merry dinner was had by all, and the sun shone (honest!).

And so to the New Year trip to the Cairngorms. What can we say? So many were fighting for places that we eventually had to restrict it to the four we felt the most sorry for: two dentists (Gortex and Gary the Gut) an aspiring/perspiring clubs' union president (the Boy) and a gerbil/honorary bloke for the week (K(ey)J), set off Scotland-bound. We just hoped they wouldn't come back (do you blame us?) – and they nearly didn't, but that's another story! If you'd like to know more, go up to one of them and say, "Fancy a date old chap?" (as in palm–, not blind–) and get them to explain why they're laughing.

January was embarrassing – we packed up the buses with ice axes, ropes, lots of woollens and thermos flasks and arrived to find one of the most glorious days any of us had ever seen in north Wales, not that anyone was complaining (except the odd one, Mike).

Which brings us round to the February Dinner Meet. Eventually 45 convened at a hut built for 30 at a squeeze, but we were saved from two nights of otherwise unavoidable heavy frothing by Mr. and Mrs. Welsh (*sic*) (the long suffering next door neighbours with a spare room) and Mr. Jones (the local farmer with a spare field).

Unbelievably, the weather was even clearer than in January. Unfortunately the same couldn't be said for our heads on Sunday morning (which is the only excuse I'll accept from those who forsook the hills for a game of volleyball on the beach at Colwyn).

The weekend was also made memorable by the club's acquisition of a mascot (courtesy of Mr. and Mrs. Welsh). However, his christening seems to have turned into a debate between the boring and the vindictive!

Finally, for all those who've valiantly struggled this far, all are welcome on any trips and if, after reading this article, you'd like to get as far away from the mountaineering club as possible you can always use the hut (in Pentrefoelas, N. Wales) when we're not there. Use is free for all Guy's undergraduates (guests pay £2/night). If interested contact Maneesh Patel via the club pigeonhole.

Boring Nickname

SKI CLUB

Meribel Ski Holiday, February 1987

February saw yet another successful Guy's Ski Club Holiday (*yawn. Ed*) for 26 Guy's skiers and *Après Skiers*. Meribel provided exciting skiing for beginners, intermediates and advanced skiers alike, the beginners doing exceptionally well. The skiing was limitless, with the neighbouring resorts of Val Thorens and Courchevel offering the less handicapped skiers alternative pistes.

A Giant Slalom Race, sponsored by Guinness, was held and gave Viral the chance to seize the much coveted prize of a bottle of champagne for being the slowest person on the piste that week, finishing well over the four minute mark on a course that took just thirty-four seconds for the winners to complete. Well done Barry Hartley for being the fastest from Guy's with a time of forty-one seconds.

The week started off foggy with a good fall of snow. Later in the week the sun managed to make an appearance and was even seen to make an effort to shine in a French restaurant where Earl Read-Ward sat eating a fondue with his boxer shorts around his ankles.

One foggy evening after Happy Hour (again) and a good curry at the chalet there was a full turnout for some explosive tobogganing on bin liners down to Le Pub outside which a mass pile-up damaged Anglo-Frog relationships just a bit. Fun was had by all on the slopes that evening, myself included!

Many thanks to the team physio Kathie Godber – she was well used and fell for some very poor excuses for a massage. Thanks to Jo, Linda, Siobhan and Anna for providing the party decorations to brighten up the chalet – very colourful girls – and to all who made this one of the most successful trips yet.

J.McC.

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DEATHS

ARTHUR FRANKS, O.B.E., who did so much work for the Friends of Guy's Hospital.

TAYLOR, N. J., L.D.S., B.D.S. 1968. Died after much suffering stoically borne 30 December 1986.

ROBERT EDWARD WILES, L.D.S., R.C.S. Died suddenly at home on January 25 1987 aged 79.

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Guy's Hospital Gazette



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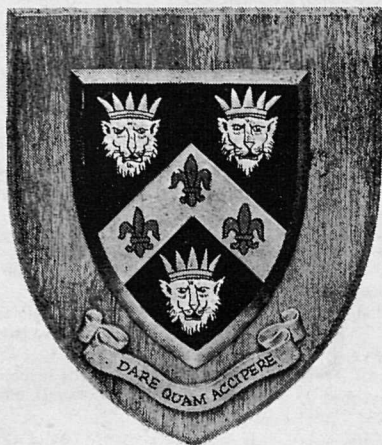
The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Guy's Gazette is unique. Well, I don't suppose that is news to anybody. But the fact was recently reimpresed upon the editors when they attended a BMA News Review conference for the student editors of medical school journals and magazines. At this conference we had the opportunity to compare the *Gazette* with several other medical school equivalents, only to discover that no other school has anything quite like the *Gazette*. In the first place, the *Gazette* has a much larger readership than its "competition" and is produced much more frequently – the others are produced at most quarterly. They are in general rather more "glossy" than the *Gazette*, which gives us something to aim for. In terms of editorial content, one of the main differences is in the audience we address. Most of the equivalent gazettes are directed primarily at the student body and to some extent the teaching hospital. The *Gazette* has three often quite separate readerships whose requirements sometimes differ quite radically. First there are the medical and dental students, some of whose interests centre mainly on the scandal-mongering of Cedric Bore and the Sports section. The second group of readers is those people working in the Hospital and Schools. The third group – at present the largest – comprises the ex-Guy's contingent. The unifying feature of these three groups must, I hope, lie in an interest in events at and concerning Guy's and Guy's people. Certainly the *Gazette* is the only relatively independent publication giving information and comment about events of concern to the Hospital and Schools. And it is to this end that the editors are trying to focus the *Gazette's* attention.

In the last year, much has been happening on the management side of the hospital. Phase III has been approved and the closure of New Cross Hospital is imminent. Such events will be reported in our new section "Medical Notes" from the Clinical Superintendent, which first appeared in the January 31st issue. These will probably appear quarterly and one will be published in the next issue. Such articles should give a more informed view of what is happening at Guy's in times when health care provision and management is becoming increasingly complex and financially limited. On much the same subject, but in a rather different vein, this issue includes an interview with Professor Chantler on the immediate future of Guy's. This is a new format for us and is one we hope to repeat.

On the student front, one of the more important issues is the union with St. Thomas's and the resultant changes in student selection, preclinical and clinical courses. Some of these have already been reported in previous *Gazettes* and will be updated as and when appropriate.

This issue also sees the return of the Nurses. They are an integral part of the Hospital, and the *Gazette* has missed their input in recent years.

In sum, it would be extremely arrogant of us to suggest that we were changing the *Gazette* radically – and nor should we. But almost a year into the job, and with some lessons learnt from the student editors' conference, we hope that our plans to try and find the common ground amongst our readership will not fall between all three stools. We are always keen to hear the views of our readers and would welcome further suggestions and criticisms.

News in Brief

Doctor of the Year

On 10th April, Dr. John Pickup, of the Department of Chemical Pathology at Guy's, received the Doctor of the Year award at a Savoy luncheon. The British United Provident Association award was for his work on a portable insulin infusion pump, which allows patients to receive a steady supply of insulin instead of twice-daily injections. It is hoped that use of the pump will reduce the risk of eye and kidney damage in diabetics.



Dr. John Pickup

Renal Unit 21st Anniversary Open Day

The Renal Unit celebrates its 21st Anniversary this year. To commemorate the event, the Post Basic Nurses on the Renal Course are organising an Open Day which will take place in the Robens Suite from 11 a.m. to 5 p.m. on Tuesday 12th May. Simon Hughes, M.P. for Bermondsey, will be performing the official opening. The event will comprise an exhibition demonstrating past, present and future renal care. On show will be dialysis machines used in 1966 and the newest computerised models now available, as well as illustrations of the development of this field of medicine at Guy's. Areas to be covered include haemodialysis, peritoneal dialysis, transplantation, paediatric renal care, dietary management and drug therapy. All are welcome at the exhibition.

Guy's Hospital Cricket Club 1st XI Fixtures in 1987

May

6	Royal Free Hospital	2.00 pm	A
13	Stoics	2.00 pm	H
16	Old Citizens	2.00 pm	H
20	Goldsmiths' College	2.00 pm	H
23	Brixton West Indians	2.00 pm	H
24	Dulwich Wanderers	2.00 pm	H
31	St. George's Hospital	2.00 pm	H

June

6	St. Mary's Hospital		A
10	Hurlingham Oddfellows	2.00 pm	H
13	Old Lambethians	2.00 pm	H
14	Old Castletonians	2.00 pm	H
20	Past vs Present	11.30 am	H
27	Gray's Inn	2.00 pm	H

July

4	Dental Staff vs Students		H
5	Cosmopolitan	2.00 pm	H
11	Lewisham	2.00 pm	H
12	Crofton Park	2.00 pm	H

Oldest Guy?

We hear that S. H. Coplans, O.B.E., L.D.S., of Westcliff-on-Sea, Essex celebrated his 95th birthday on 31st March this year. We extend our congratulations and wonder whether there are any centagenarians amongst our subscribers?

Correction

Dr. John Bulstrode of St. Andrew's, Guernsey, has kindly pointed out – for the second time – that the caption to the picture on page 57 of our 28th February issue was incorrect. The photograph was in fact of a cavalcade through the Borough on the occasion of the Coronation of King George VI in 1937.

Obituary

Professor H. J. Rogers

Howard Rogers died on the 30th March at the age of 43. Professor Rogers was, despite his youth, a giant in his subject and his early death is a tragic loss to clinical pharmacology and to U.M.D.S.

Howard Rogers studied medicine at Downing College, Cambridge and carried out his clinical studies at Guy's. Even before completing his final examinations in 1968 he expressed an interest in research into drug actions and started laboratory work at Guy's Medical School on cellular actions of psychotropic drugs; this ultimately led to an outstanding Ph.D. thesis. During his clinical training he kept up his links with laboratory research. He obtained the M.R.C.P. in 1973. As Medical Research Council Wellcome Scholar he worked for eighteen months in the Department of Pharmacology and Clinical Pharmacology of the Johns Hopkins Medical School, Baltimore and returned to Guy's to become in rapid succession Lecturer, Senior Lecturer and Reader in the Department of Clinical Pharmacology. When John Trounce retired from the Chair of Clinical Pharmacology in 1984, Howard Rogers was appointed Professor.

Professor Rogers' specialist interest in his subject was in pharmacokinetics, in particular the pharmacokinetic properties of anti-cancer drugs. Nevertheless, with his immense memory and breathtaking intellect he had an unsurpassed knowledge of clinical pharmacology. It was always far easier, and usually more informative, to ask Howard than to dredge up a fact from the books.

In his short career Professor Rogers made many important contributions to medical science. As well as several hundred original research papers, he was a senior author of five textbooks.

Like a few other outstanding scientists, Professor Rogers had a sensitive appreciation of the arts. In his case his artistic interests were in English literature (in particular contemporary women writers) and in twentieth century Irish and American fiction but strangely, he despised the art of the literary critic. Howard had an equally deep appreciation of music – in particular the instrumental and orchestral work of Bach and Mozart. He was also an expert on Prokofiev but professed no enjoyment of vocal music.

Howard Rogers' intellect illuminated everything to which he addressed himself, but he was never cold and analytical. In fact he was sensitive, shy and very compassionate, but on initial acquaintance few realised the extent of his kindness and the warmth of his personality. For his close friends, his death leaves an immense void.

R.G.S.





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Clubs' Union News

Firstly, apologies to those of you who were disappointed by the absence of a Clubs' Union News in the last *Gazette*; I hope the photograph kept you amused. Many thanks to all those witty people who have kindly suggested captions to me – unfortunately most were unprintable.

Since the last Clubs' Union News two months ago, quite a lot has happened. The AGM was held on the 17th February and was quorate for the first time in three years, despite the absence of a "controversial" motion. Many thanks to all who turned up. It was at this meeting that Gerry Skales finally finished her term as President. I am sure I speak for all the students when I thank her for all the hard work she has put in over the past year and wish her a long and enjoyable retirement!

By the time this issue of the *Gazette* reaches you, the Dental Ball will have been held and the Rugby Club Ball will be imminent. I hope both these balls are as successful as last year's (perhaps with the absence of the food poisoning that followed the Dental Ball two years ago).

The summer festival at Honor Oak Park is also approaching rapidly. It is set for Saturday 6th June (apologies to those of you who cannot attend because of exam commitments). Any ideas for this year's festival will, I'm sure, be gratefully received by the social secretary Zahir Yousef via his pigeon-hole in Boland House. Don't forget to start getting your 5-a-side football teams ready and training for the Mini-Marathon. Let's hope the weather is a little better than last year.

The Theatre Club has been very active recently, with productions of the *Zoo Story* and *The Best Little Whorehouse In Texas*.

Finally I look forward to reading the reports of the various sporting tours which have taken place recently. The footballers in France, the rugby club in Germany and the ladies' hockey in Holland. I'm sure our lads and lasses will have behaved impeccably as ambassadors of the Hospital.

Nigel White
President

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.



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The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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The Immediate Future of Guy's

An Interview with Professor Cyril Chantler, Chairman of the Guy's Hospital Management Board

In his article "Guy's Hospital: Present and Immediate Future" (*Gazette* 27th July 1985), Professor Chantler outlined the plans for the future of the Hospital. With the approval of Phase III announced in December last year, the Editors conducted an interview with Professor Chantler on 10th March to provide an update on the situation.

Phase III

In general terms, are there going to be any significant changes between now and the completion of Phase III?

First of all, we don't actually know when that will be. The Minister said that building would start in 1990 and the place would be open in 1994. That is partly dependent on the system of building the D.H.S.S. finally decides upon. If they agree to build by a process of management contracting – which is what we hope they will do – then we could start and finish earlier. The great advantage of management contracting is that it helps to keep costs within the estimates and secondly it means that one can build faster. This is very important when building a hospital, since if it is not built fast, the design that is required changes, thereby adding considerably to the costs. At the moment the project is at the budget stage, which is when the detailed schedules of what the building will contain are developed. That is then recosted and, if approved, goes out to architects, surveyors and builders for tenders. At that point, if they agree to management contracting, we are away. We think that if they went very fast, we could start building in 1988 or 1989 and finish a year or two earlier.

The first change that is going to happen will cause a certain amount of chaos in the next few months, with the closure of New Cross in June. The beds that were going to be closed with the loss of New Cross have already been closed. Those remaining open at present will move either to Guy's or Lewisham, but there will be no further bed reductions. If there were any further reductions, I don't think we would adequately be able to fulfil our responsibilities to the local population or to provide adequate teaching. However, the District General Manager has now agreed that there will be no further reductions in the acute services at Guy's and Lewisham, which means that there will be rather more beds than were proposed in the site strategy when it was produced four or five years ago. So Guy's will be an 875 bed hospital post New Cross closure, and all the beds will be on one site.

The second thing that's going to happen is that we're slowly putting right the backlog of maintenance work that needs to be done. The lifts in New Guy's House are being refurbished and we've started work on painting Hunt's House. We've painted the corridors in New Guy's House already and will be starting on the underground passages soon, so the place will look a bit nicer. We have an ambition that the Hospital will look as clean and well

furbished as the Medical School. When I was a medical student here, the Medical School was much less well looked after than the Hospital. I'm afraid the reverse is now the case. Incidentally, any help that the students can give to keeping the site tidy by leaving beer glasses in the bar and picking up litter would be appreciated.

Thirdly, later this year work will start on building a new radiotherapy bunker to hold a new linear accelerator, and the whole of the radiotherapy department will be refurbished at a cost of over £1 million.

Fourthly, anyone trying to contact Guy's will know that the telephone system is now falling apart. We hope – but do not yet know – that this will be replaced over the next year with a new system. It is going to cost over £1 million but will be a much better system. It will allow direct dialling into the system, so that people will be able to dial direct to an extension, without having to go through switchboard. It will eventually save us quite a lot of money, not least by stopping the number of calls made illegally through our phone lines. We reckon we will save something in the region of £150,000 per annum with the new system.

Do you foresee any major problems during the transition period between now and the completion of Phase III?

Yes – the major problem is to make sure we maintain the level of clinical services. That requires that we live within our financial allocation. The freedom to treat patients obviously depends on having the resources with which to treat those patients. This current year (which is just about to end) Guy's is probably going to break even in its budget for the first time in years, and that includes paying back a £1.7 million overdraft over one year. In fact, we have recently been able to authorise extra expenditure for medical and surgical equipment for the first time for 5 years. The sum was modest (£62,000) but it was a start. We don't yet have our allocation for next year sorted out and this is being negotiated at the moment. But, assuming we get an allocation sufficient to maintain the clinical services and as long as we are careful in how we spend our money, then we shall be all right next year. The problems for the year after depend on how much the Region insists on taking away from us for R.A.W.P. The Region has recently taken into account inner city deprivation in the R.A.W.P. formula and has reassessed the R.A.W.P. repayments: instead of asking for £12 million over a period of ten years, it has been substantially reduced. If we are allowed to spread the remaining part of our repayments over another five years, it would be a great help. That is presently under negotiation between the D.H.A., R.H.A. and the Government. But as far as one can see, we shouldn't be heading for any further reduction in services. I hope the stability of knowing that we're not going to have any further bed reductions and the better organisation of clinical services will improve the life of the medical students and the continuity of teaching.

There seems to be a trend, for instance at St. Thomas's, of moving students further out to outlying hospitals. What you are describing seems to be a greater degree of centralisation for the teaching. Is that indeed what is going to happen?

How the teaching programme is organised is not my responsibility, but I do feel that students should have a bit of both. The life of the Hospital is an important part of being a medical student at Guy's, and if you spend the whole time wandering from one place to another, you lose that and also you lose the continuity of the teaching. In paediatrics, for instance, two weeks out of a total of ten weeks are spent away, and that seems to me to be about the right proportion. I think that if it ever got to the point when you spent the whole or the majority of your clinical away from Guy's, we wouldn't be providing the best medical education. A very considerable advantage we have is that Guy's and Lewisham between them have of the order of 1500 acute beds. That should be more than adequate for teaching purposes.

Resource Allocation

However, recently the situation was reached when there were only 38 beds for General Surgery at Guy's, which can hardly be adequate for teaching purposes.

There will be 90 surgical beds at Guy's post New Cross closure. I agree that the position at the end of last year was intolerable. The reasons were rather complicated and the problem was made worse by the closure of theatres last summer while the air-conditioning system was replaced. Luke ward is now back in action and the new five-day ward, which is to be called Patience and is part of Lever ward in the Tower, is partly open now and will be fully open within a month. We are also starting a day surgery unit and this year we are also building 10 beds into the Accident and Emergency Department as an observation ward. This will act as a buffer to the acute beds, so they won't be so badly affected by emergencies blocking waiting list admissions.

Why was the old five-day ward (Sarah ward) closed?

Sarah was closed as a five-day ward and turned into an ordinary ward because we were so short of beds that, in order to have sensible bed allocations, we needed Sarah ward. That sounds crazy to be closing a five-day ward that was very cost-effective, but you have to remember that over a period of about two years something like 200 beds were closed. In January 1985, 120 medical beds were closed, and since then another 50 have been closed, partly in the run-down of New Cross Hospital. Simply to cope with the general medical load, we needed that capacity. We had planned at the time to create a new five-day ward somewhere else and we had to build another 12 beds into Lever ward. The gap between the closure of Sarah ward and the opening of Lever ward contributed to the problem.

Does Phase III imply any increase in the number of beds or merely a redistribution?

No, it doesn't involve any increase in the number of beds, but it does mean that the facilities will be properly organised for modern medicine. Hunt's House is archaic and the quality of the accommodation there is inadequate. Outpatient facilities at Guy's are also terrible. So these are the

first things that Phase III will provide. There will also be a 30-bed day unit which will be a much more efficient way of performing day surgery and investigations. Admitting someone to hospital is a very expensive exercise, both for the patient and the hospital. Anything we can do sensibly on a day admission basis needs to be done that way. So I hope that the turnover of patients will increase, though the actual number of beds will not.

Will there be sufficient funds for that? Surely it is in terms of resources rather than the number of beds that the hospital operates.

We don't have a projection of what our resource position will be in 10 years time. It depends on many things, not least on whether the people of this country decide to continue to spend less on health care than any country in the Western world. What we can do is to plan to provide as best we can and then argue for the necessary resources. We are told that Central London has too many beds. No one bothered to tell the patients that. Our waiting lists are increasing, our bed occupancies are unrealistically high and there is tremendous pressure for people to come into Guy's. I think that if people want to come to Guy's and their doctors want to send them to Guy's, we should be provided with the money to look after them as long as we do it efficiently and can show this. However, that's not a very fashionable point of view at the moment.

Do you think that any of the cuts that have been made under R.A.W.P. will ever be made up at all?

There is a positive side to R.A.W.P. We are a much more efficient hospital than we were. People who live outside London and are used to a resource position which has been very different from ours have felt for years that the London teaching hospitals were providing care that was too expensive due to inefficiency. R.A.W.P. has certainly made us efficient and our costs are increasingly comparable to teaching hospitals outside London. In addition, there is no particular reason why the people in the north of England should receive a poorer standard of health care than people in the south, so one can't object to that. The question is whether it has gone too far. I think it has now gone too far for central London – not only because of national R.A.W.P., but also because of regional R.A.W.P., which is stripping money out of central London for expenditure in the home counties. Some of that is reasonable as the population has moved out of central London in the last few years. But it can go too far. The other aspect, which is the real crunch, is the mental handicap funding policy. The closure of the large mental handicap institutions, of which we all approved, and the relocation of those patients into the community is extremely expensive. It is much cheaper to run the old hospitals than it is to have these patients in small groups in houses dotted over the district, even though that is admirable. The vast majority of the money that we have had to give up – 60-70 per cent of the cuts at Guy's – has not gone to R.A.W.P. but has gone into the District to fund the mental handicap policy. That is an aspect which I don't believe the Government have taken properly into account. They should also make due allowance for the higher proportion of old people in the population – the longer you live, the more demands you make on the

Health Service. I think it is the change in the population structure and the mental handicap funding policy which account for the difference between the undoubtedly true statements by the Government that they are spending more on health care than any previous government and the gap that we see in the resources with which to provide health care.

Recently there has been quite an outcry in the national press about the state of affairs in the acute sector, particularly in London. Has this resulted in any alterations in resource allocations?

Not as far as I can see. There were two initiatives the Government made. One was for waiting list money. We put in a number of bids for this which were very cost-effective, but we didn't get anything. Lewisham did get £165,000 a year.

The other amount was transitional money which was particularly designed to help hospitals in the Thames region. We haven't directly got anything from that. What they are going to do is not take quite as much from us as they were going to do.

Private Health

Particularly in view of Nuffield House and the close proximity of the London Bridge Hospital, do you think that the N.H.S. can co-exist with the private sector in a close way?

Yes, I think it can. There has to be understanding on both sides. First, the private sector relies on the N.H.S. for training and provision of staff, so there is no way that it will survive without the N.H.S. Equally, the private sector takes some of the load off the N.H.S. as well as providing choice which has always seemed to me to be a fundamental liberty within our society. However, in some other parts of the world, like Australia, the state hospitals are becoming the emergency institutions and the places where chronic disease is treated, whereas acute disease and cold surgery are all taking place in the private hospitals. That worries me for two reasons. First, in an area like this, the vast majority of people cannot afford to have their hips done privately. Secondly, if all cold surgery is taking place in private hospitals, how are doctors and nurses of the future going to be trained? As long as a balance is maintained, they can both help each other. But if the private sector becomes greedy or the N.H.S. refuses to co-operate there will be difficulties. The other thing choice does is provide some sort of competition. It is very easy to say "This is the best we can do at Guy's and you can take it or leave it". But if there is a better standard of care available elsewhere, it gives us the stimulus to improve ourselves.

Nuffield House

Is there any progress in the talks with Hospital Capital Corporation, the company that is interested in running Nuffield House?

The issue is not yet resolved. Very complicated negotiations are going on requiring legal and financial considerations. The delays are imposing considerable difficulties. We have about £1 million of expenditure within Guy's on the N.H.S. side which is underwritten by the income from Nuffield

House. This year we have a deficit of £800,000 on that account which the Region has kindly agreed to loan us to pay back in two year's time. We had hoped that our new private facility was going to be open when New Cross closed, but it isn't going to be. The sooner the negotiations are concluded the better and we can get Nuffield back on the road. If Nuffield closed permanently, we would be £1 million short, which would be a grave problem. I am not sure whether most people at Guy's understand the extent that the income and profit from Nuffield sustain the N.H.S.

Clinical Budgeting

We have now had a full year of the clinical budgeting scheme and P.A.C.T. Has this worked as well as was hoped?

I think it's so far, so good. The most important part is the decentralised management structure of the Hospital. The clinical budgeting is simply a means of providing information and support for that structure, which is the fundamental change. The clinical directorates have their own management team and decentralised administration.

The decentralisation of Outpatients is almost complete. I have to admit that it's not working in some areas as well as it must. Where it is working, it is working well, with much better personal service to the patients and better job satisfaction for everybody working in the team. We must complete that and then we'll take the same thing through with Admissions. This will mean that there won't be large numbers of people turning up at one central place every day and waiting in a queue, which is very demoralising, but people will be admitted directly onto wards, with a personal contact between the patient and the ward team that is going to be looking after them.

As I said earlier, part of the support system for the decentralised management structure is the clinical budgeting system. As from April, this will provide for each clinical directorate a monthly statement of its manpower resources – all the doctors, nurses, secretaries, technical staff and clerical officers that work within the directorate, all the costs for pharmacy, radiology, theatre and social supplies. As time goes on we will be adding other items of fixed costs and below the line expenditure, such as pathology, therapeutic services etc. Once they come above the line, then of course the directorates can make choices about how they wish to spend their money.

Have there been any areas where the system hasn't worked? Have any of the directorates overspent or even underspent?

There have been two areas where they have overspent. One is in the Evelina where they have overspent by over £100,000 this year. The choice offered them, given the Hospital had no money with which to bail them out, was either to cut back on their expenditure – and this they would have had to do by employing fewer staff, particularly nurses – or to find the money themselves. Fortunately, because of the marvellous efforts of Dr. Michael Joseph before he retired and the generosity of many, the Evelina fund has been able to underwrite the expenditure on nurses. So they have been able to maintain their activity and stay within their budget.

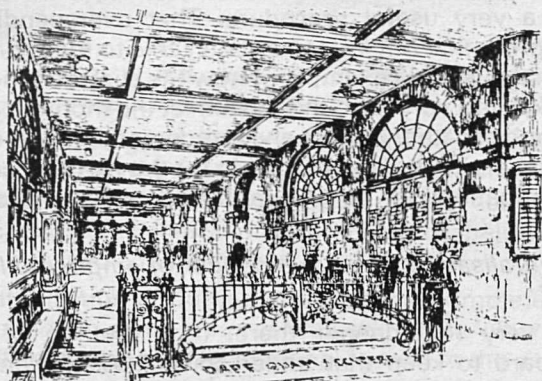
In the Dental Hospital, the problem has been particularly difficult. They have overspent because there is a larger number of post-graduate students, who carry out rather expensive procedures as part of their training, than was envisaged. The expense of those procedures and the materials they use falls on the Hospital and they have had to cut back on their staffing levels in order to contain that overspending.

In the cardiac department, they have carried out a large number of angioplasties which they weren't funded to do. They should be funded to do them – it's a very useful procedure. That overspending has been balanced by the profit that Mr. Yates has been able to make on private open heart surgery. That is a good example of how the clinical budgeting system can actually work. It is a very primitive system at the moment and has got to become more sophisticated. It must encourage people to find areas where they can sell their service and get money in for the N.H.S. It can be done by performing investigations for other Health Authorities and of course with Nuffield House.

In this decentralisation, is there a danger of empire-building amongst the directorates?

There is a very real danger there. It is the job of the Hospital Management Board to keep that under control. At the end of the day, everybody's freedom is limited, because if it is taken too far it becomes somebody else's bondage. No one part of the Hospital can be allowed to become more important than another. On the other hand, there are services in the Hospital which must be allowed to expand and others will contract according to demand. One good example of this is genito-urinary medicine. GU medicine at Guy's has been very neglected in the past. With the appointment of a new consultant and with the AIDS problem, it has been apparent that we are going to have to put a lot more into GU medicine. We have got a programme for the refurbishment of the Lloyd Clinic, which is part this year and part next year. That is going to involve a capital expenditure of over £100,000 and in addition more resources are needed in terms of doctors, nurses, clerical officers, etc. They have had to come partly from other people having to give them up, because there was no other way of doing it. So you have to have the flexibility to move things around. The way the budgeting system works is that there are formal reviews for each directorates twice a year. Recommendations are then made to the Hospital Management Board of any changes that are thought appropriate in relation to the good of the Hospital as a whole. And that's the way it should work.

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Dr. Alfred Salter: His Work in the Community of Bermondsey

Part 3

By Tim Illidge

Salter's plan for perfection of the public health service also met with opposition, and his attempts to establish a rheumatology clinic provide an example. Dr. Salter estimated that 7,000 in Bermondsey were suffering from chronic arthritis or rheumatic fever and that at least 1,000 children were afflicted with its sequelae of valvular heart disease. The outpatients' departments of Guy's and St. Thomas' Hospitals were constantly overcrowded and there were no other facilities available for treatment in South London.

The plans for this scheme had been completed in 1920 and Salter was still a member of the Borough Council but the L.C.C. had vetoed them. The Borough County Council subsequently appealed to the Ministry of Health who agreed to hold an enquiry. Evidence was submitted by the Bermondsey Medical Officer of Health, Dr. Conan (who replaced Dr. King-Brown), Dr. Salter and Dr. Fortescue Fox, a specialist in rheumatic fever. Between them they presented unquestionable evidence as to the seriousness of the disease and its complications and the absence of adequate treatment facilities. The L.C.C. reluctantly acknowledged the need, but were opposed to Bermondsey meeting it. When finally consent was given by the Ministry of Health, yet more difficulties arose. Despite these disappointments considerable progress had been made.

During the first ten years that Dr. Salter had been involved with his Bermondsey practice he was appalled by the prevalence of tuberculosis and estimated that there had been one case in every three houses in the borough. His own personal investigation revealed that nearly half of the tubercular cases, 45.2% in fact, shared a bed with others. Only 39.2% slept in separate rooms. At least 5,500 people were symptomatic and 400 new cases were reported yearly. The total deaths were between 200 and 250 a year. He considered that the prevalence of tuberculosis was a direct result of overcrowding and malnutrition. Therefore it can be understood why he rejoiced in John Wheatley's Housing Bill of 1924, previously mentioned, "it will do more to bring down the death rate from tuberculosis than the millions of pounds at present spent on hospitals and medicine", he wrote. He himself had suffered from the effects of tuberculosis during his student days and also during his days at the Bermondsey Settlement. He believed that sleeping every night in an open air shelter in his Bermondsey garden had brought relief of his symptoms and recommended the council to construct similar shelters and loan them to patients on their return from a sanatorium.

A second preventive measure by the council was the encouragement of the rise of tuberculin tested milk. Licences were given to 34 dairymen in the Borough to sell T.T. milk and to augment this, there was a campaign promoting the T.T. milk. Also at this time the medical journals were beginning to report the beneficial effects of sun treatment for tuberculosis and particular attention was placed on the results from the sanatorium at Leysin in Switzerland. In 1924 Guy's Hospital invited Dr. Rollier from Leysin to lecture on his experiment. Dr. Salter and Dr. King-Brown, Bermondsey's Medical Officer of Health, attended the lecture and were suitably impressed.

Dr. Salter had already campaigned successfully for a scheme in which to send tuberculosis bone cases to Switzerland, at public expense. Now he pressed to get a solarium in Bermondsey. Dr. King-Brown and Dr. Conan were instructed "to investigate the report on the best way of adapting treatment to Bermondsey". The resulting decision was to establish the first municipal solarium in Britain. Following a long drawn out battle with the council a site was finally found for the solarium in Grange Road and it became one of the best equipped light treatment centres in the country. Salter reported in July 1927 after the solarium had been opened for a year:

"wonderful cures are being effected under the skilled direction of Dr. Conan . . . miserable ailing children, delicate anaemic and flabby are being turned into plump, rosy-cheeked youngsters full of life and spirit. Terrible lupus ulceration is being eradicated and soundly healed. Tubercular discharges from bones and joints are dried up, enlarged glands in the neck subside and disappear. The treatment was also found of value for other diseases; skin disease, rickets, neuritis and some forms of chronic rheumatism and other disease are also being treated, in many cases with great and growing success."

In addition to the solarium for tuberculosis, dental clinics, foot clinics, antenatal and child welfare clinics were established. In total the Public Health department treated nearly 4,000 individuals. As the clinics grew in size and number the houses in which they took place went from being barely adequate to totally unacceptable. Salter wanted a central clinic headquarters, a health centre that would serve as "Harley Street to Bermondsey". He was very keen that the service available for the poor of Bermondsey would be equivalent to that for the wealthy from the West End.

The public health activities of Bermondsey did eventually unite in 1936 with astonishing results. These were reflected by the death rate which, between 1901 and 1935 fell from 21 to 11.7. The most remarkable figures were those from the mothers' and children's clinics. Between 1911 and 1935 the infant morality rate fell from 160 to 69. In the year 1935 when 1,487 babies were born in the borough, not a single mother died in childbirth. An astonishing tribute was paid to the antenatal clinic during 1937 when every woman in Bermondsey who had a baby attended the clinic which was indeed a record for the whole country. Clearly this landmark was not only a reflection of the thorough work of the health visitors but the appreciation and worth felt by the women towards the clinic.

A clinic was established for post-infectious patients which illustrated the initiative of the health service. Obviously it had been known for some

time that many children suffered from disabling complications of the various diseases, however there had been no detailed research into the infant morbidity. The Bermondsey Health department investigated the incidence of systemic complications by inviting parents to send their children to the clinic for an examination, three months after their return from the infectious diseases hospitals. The information gained from examinations such as these revealed that only 30% of children were free from systemic sequelae and a considerable number of serious complications were brought to light which might have otherwise escaped detection. Many more children were thus able to be treated and the morbidity reduced.

The Public Health department, like every other department of the borough, was keen to gain the co-operation of the people in its work. The medical officers would conduct street corner meetings promoting health issues with an enthusiasm reminiscent of Salter's socialist speeches. Thousands of leaflets by the medical officers were distributed on subjects varying from babies, bugs and breast-feeding, to scabies, scarlet fever and smallpox. By 1936 over 400 open air lectures, which were accompanied with cinema demonstrations, had been delivered. Dr. Conan, the medical officer of health at that time, had produced 16 health education films and a projector van took these films to the people: every street in turn became its own cinema.

A discussion of Dr. Salter's medical activities would not be complete without mentioning how he addressed himself to the moral issues of the day. A particularly poignant example, was when he spoke out following the manifesto to the "Grand Council of the National Citizens' Union" advocating the holding of an enquiry into legalising the sterilisation of the mentally deficient. Briefly, Salter's reasons against sterilisation may be summarised as follows:

1. Compulsory mutilation is an offence against the sacredness of human personality and is particularly offensive when committed on an utterly helpless individual.
2. There is a definite element of risk in the operation and no one has any right to subject another human being to such risk without his consent and understanding.
3. The guiding principle on all such questions should be that those of us who are strong should bear the infirmities of the weak. We can do this by deliberating providing the necessary money to care for our "little brothers and sisters" in proper homes.

He then addressed the question of control and protection:

4. For every advantage claimed for sterilisation can equally well be obtained by segregation,

and finally he challenged the National Citizens' Union by making the point:

5. Sterilisation and subsequent unrestricted freedom would not prevent the majority of such persons from vagabondage, spreading venereal disease, or from Poor Law dependency or crime.

Dr. Salter's final years were marked by illness; he had suffered from angina pectoris for some years which necessitated his resignation from the medical partnership which he had founded. He had then been a general medical practitioner in Bermondsey continuously for 30 years. Salter spent his final days at Guy's Hospital and it was typical of Salter that following a stroke at a King's Cross meeting he went home by bus and tube. It appears that he tried to ask for a cup of tea at a King's Cross coffee stall but found that he could not speak. He had only five pence and a pound note in his pocket and as he could not tell the cabbie where to go he did not have a taxi, but bought a threepenny bus ticket and a twopenny ride on the tube. He lived for only two days following this stroke and died on August 24th 1945.

By way of conclusion, Salter's goal was always to replace the hovel and the filth of Bermondsey by a garden city, to clean up the slum and give the people of Bermondsey a new way of life. He was first and foremost a Christian and all his actions were inspired by his unshakeable faith. Despite Salter's disappointment of not being able to complete his vision of a garden city and the devastation he suffered when his life's work crumbled all around him during the Second World War, he succeeded in bringing colour to the borough from London Bridge to Surrey Docks, both the place and its people. He initiated a revolution in Bermondsey's health care and provided its people with one of the most progressive and efficient health services this country has ever known which did indeed transform the lives of local people. As Lord Brockway remarks "Bermondsey remains his monument". The trees, open spaces and housing redevelopment bear testimony to his outstanding work.

Acknowledgements

I would like to thank all those people who have made my work so interesting and enjoyable. In particular thanks are due to Dr. Mervyn Rosser who works in the group practice formerly run by Dr. Salter. For his work as a local Bermondsey GP, Dr. Rosser was made a fellow of the B.M.A. I greatly appreciate the loan of his books and his advice for contacts. Thanks are also due to the staff of the John Harvard local history library for their willingness and enthusiasm to help. Finally, but far from least, I would like to express my appreciation to Penny Prime for her dedication in typing the manuscript so efficiently.

"The Best Little Whorehouse in Texas"

reviewed by our Theatre Correspondent

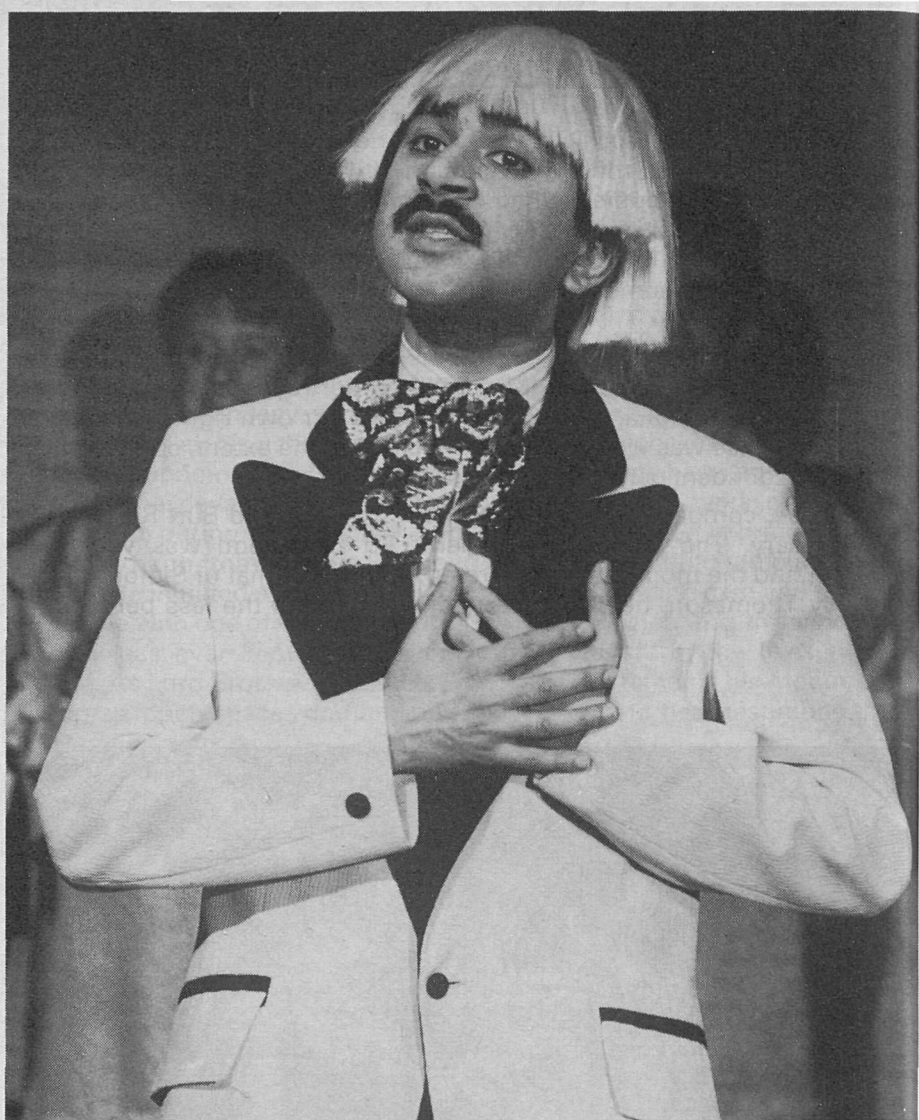
This year's "Path Block Show" was "The Best Little Whorehouse in Texas", which provided more than enough for the third year medics to get their teeth into. If the audience had come with the intention of seeing this dangerously difficult subject matter tackled with professional expertise and originality, they must have departed feeling sadly disappointed. However, the show did have a number of delightful moments and an all round "fun" feel to it.

Any comparison between Diana Mather and Dolly Parton is impossible, but also unnecessary since she (Miss Mather) portrayed the madam of the whorehouse, Miss Mona, most convincingly in her own right. Her rapport with the audience was well sustained which, to some extent, compensated for the more diffident performances of some of her girls.

Likewise, comparison between Simon Crowther and Burt Reynolds is not necessary. The character of Sheriff Ed Earl Dodd was very well projected, and the momentum generated, along with that of Simon Horner and Andy Thomason, helped to carry along some of the less penetrating



The Sheriff (Simon Crowther) and Miss Mona (Diana Mather)



Melvin P. Thorpe (Aroon Hingorani)

male characters. However, in my view the star performer was Aroon Hingorani who was marvellously larger than life and brought an all-Texan fervour to the character of Melvin P. Thorpe, the TV man whose broadcasts bring about the closure of the whorehouse.

Despite some rather painful *a capella* chorus pieces, the musical numbers, ranging from ballad to rock, went down very well, as did the ambitious and well polished choreography. Minutiae aside, the show was entertaining and well received. Once again, next year's lot have a hard act to follow.



Miss Mona and some of her girls



The Aggies in the showers



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Dentistry at Guy's in the 1940s

Part 2

by Mr. Donald Dawson

At last we entered the Conservation Room, ready to do our first fillings on real live patients. We had the usual hydraulic base chair, a spittoon with a saliva ejector, and we supplied our own cabinet and hand instruments and our own burs. Only the front row of students had an electric dental engine, the rest of us in the back two rows started our life's work in restorative dentistry pedalling away with an old foot engine. I did not guess, but I had several years of pedalling ahead of me after I qualified, both in the Army and elsewhere, so my apprenticeship to the time-honoured machine was well served. Meanwhile we envied our seniors who had graduated to the front row on three sides of the deep, three storey, courtyard. It was becoming the custom of those in the front row to try to work sitting on an operating stool, and thus, in anticipation of the reclining chairs of the future, to tip the chair as far back as it would go to manoeuvre the head into an approachable position. This meant that the patient's legs were apt to be up in the air, and the front row of patients were clearly visible through the windows and across the courtyard sometimes revealing all, or at least a very great deal, to the opposite row. The Sister in charge of the Conservation Room would make a regular tour of the dental chairs and, regardless of operator and patients alike, give a tweak to any skirt that might, in her opinion, divert us from the control and treatment of caries towards voyeurism.

When a cavity was prepared it was seen by a House Surgeon or Demonstrator and "signed up" and the card taken to a glassed-in compound where two middle-aged women reigned. They authorised the issue of amalgam and silicate for the fillings; we supplied our own lining materials. If it was decided a local anaesthetic was necessary, this was authorised by the House Surgeon, and two tablets were drawn from the Sister, one of novocaine and the other of novocaine and adrenalin. These were dissolved in Ringer's Solution in a small porcelain cup held in a wire holder over a spirit lamp. The local was drawn up into an all-metal syringe, the gingiva painted with antiseptic, and the needled plunged hopefully in. Then followed about 20 minutes wait in the case of a "block" and 15 minutes in the case of an infiltration while this took effect. Well, at least it was fresh, sterile and warm – more or less sterile anyway – which was more than could be said of the all-metal syringe, which was not all-metal but had a sort of vulcanite plunger, heavily greased to avoid seizure, and which despite much boiling in the vast communal sterilisers, must have been a bacteriologist's nightmare in its deepest recesses. Occasionally we daringly purchased a rubber capped bottle of Novutox, but this was discouraged. Cartridges were unknown, certainly not available at Guy's at that time. Xylocaine, like the high-speed drill or airtor, was years away.

One of the tasks generally considered disagreeable, but was none the less a particularly good education of things to come was "Casualty". A group of four chairs set aside and manned by senior students. Patients were referred to this clinic either by the duty House Surgeon who saw, and to some extent classified, all new patients, and included anyone with an acute or subacute condition which did not require immediate extraction or immediate referral to a consultant, and a fair number of ongoing treatments derived from the first, notably dry sockets. However the greatest number of patients referred to Casualty were those with the ever prevalent acute ulcerative gingivitis or Vincent's angina – a condition rarely seen nowadays with better health, better oral education and awareness, and better oral hygiene, and if it does occur or show signs of occurring, modern antibiotics effect a speedy alleviation of the symptoms, if not the total removal of the underlying cause. It used to be said that you could diagnose Vincent's angina as soon as the patient entered the surgery and opened his mouth to say "Good morning". This was pretty well correct, as the characteristic foetor preceded him to the dental chair. The patient was in the greatest discomfort with the ulceration of the margins of the gingivae, sloughing and dead soft tissue festooned the teeth, and occasionally the membrane appeared at the back of the mouth, first defined by Vincent, which gave the disease its name. On the first day, treatment was more or less restricted to cauterising the ulcers with a strong reagent, usually trichloroacetic acid, and the provision of a hydrogen peroxide mouthwash three hourly. It was barely possible to remove any calculus, often associated with the oral neglect which promoted the problem, because the gingivae were so painful, and any attempt at prophylaxis with brush or rubber cap out of the question. By the next morning, especially if the mouthwash had been diligently used, there was a marked improvement, a greater improvement than those prone to deride such treatments as pre-antibiotic days would allow, and the next stage of treatment was commenced. This consisted of daily applications of 10% chromic acid allowed to run round the gingivae, isolated by cotton rolls, from a pair of college tweezers, allowed to remain for perhaps half a minute, then followed by 10 volume hydrogen peroxide run round the gingivae in the same manner. The mixture turned black and frothed furiously, and the release of nascent oxygen was said to penetrate the crevices of the gingivae, between the teeth. This was repeated daily for perhaps a week, and each day as much scaling was done as possible, cavities excavated, at least to the stage where a hygienic dressing of zinc oxide and oil of cloves could be inserted. As soon as the mouth was in a sufficiently healthy condition, the patient was referred to the extraction department for any necessary extractions. Provided the patient persisted with the hydrogen peroxide mouthwash, and provided all scaling was carefully and thoroughly done, and unhygienic cavities and carious teeth treated either by filling or extraction, results were surprisingly good. I treated many cases at Guy's as a student during the middle of the War; perhaps the war-time conditions of life encouraged it, perhaps the cold, damp climate of Britain was more conducive to it, given the poor oral standards of the time. It was widespread in the trenches during the Great

War. Unchecked and untreated dental conditions, combined with the appalling conditions, permitted it to run riot, and created major health problems. In more than 20 years in Australia I have never seen a single acute case. Indeed, the dental state of the mouths seen in the early years in the 1980s, at the time I retired, bear so little resemblance to those I saw at Guy's in the 1940s, one might almost have moved to another planet. Certainly we trained in a manifestly different era.

In the early 1940s there was no real control of infection, other than surgically. If a patient had an acute dental abscess, the best that could be done was an immediate extraction under "gas", or occasionally, in the case of an anterior tooth, the root canal opened with a bur to permit drainage – but to drill a hole through the cingulum of a loose and desperately tender incisor with a conventional engine and steel bur was impossibly painful. If done at all it usually required a gas and oxygen general anaesthetic and a pretty crude and speedy approach. If a patient attended with a pericoronitis around an erupting wisdom tooth he would need many sessions at Casualty for irrigation and many days of hot mouthwashes before it was safe to extract – and even then the risk of a "Ludwig's Angina", a massive, even occasionally life-threatening, infection and swelling of the neck, was always present. If an upper molar or premolar root fragment was displaced into the maxillary antrum we were taught by some consultants to enlarge the opening with a bur – some said a vulcanite bur – and then to irrigate the antrum continuously with saline (usually with an all-metal Hunt's syringe, sterilised only by boiling, and no doubt a similar bacteriologist's nightmare to the all-metal hypodermic syringe) until the root fragment was flushed out through the enlarged hole. We were not taught how to repair the resultant oro-antral fistula, probably because pre-antibiotics it was unlikely to heal effectively anyway. There was no general availability of oral surgical care and I suspect that the Caldwell Luc operation at that time was usually only performed by ENT surgeons, and for the most part they were not going to risk opening the antrum to retrieve root fragments, lest even more intractable infection be introduced. Oral surgery was carried out at Guy's by the small group of consultants, and by a few of the more senior demonstrators, the most notable, perhaps being William Kelsey Fry. All these were medically qualified (it was mandatory for all senior dental staff) and any student ambitious for advancement in a hospital career would enrol for the combined LDS and LRCP, MRCS course. There were no recognised higher dental qualifications which would indicate consultant status and certainly none involving training in oral surgery until the advent of the FDS a few years after the War. Although there was little opportunity for training in oral surgery in Britain in pre-war years a few of the Guy's senior staff were very accomplished in this field, the remainder probably little better than the average practitioner. For the average dental surgeon there was little access to the use of an operating theatre and perhaps endotracheal anaesthesia, the great majority of extractions were carried out under nitrous oxide anaesthesia – if the anaesthetist was bang up to date, with oxygen.

Many dental practices employed the patient's General Practitioner to give the anaesthetic, and many of these relied solely on anoxia to subdue their client. The Gas Room at Guy's, a cut above this, would nevertheless have provided a worthy scene for Hogarth. Present were the Consultant Dental Surgeon, a senior member of staff with LDS and Conjoint, and usually a practice in the West End of London, his Dental House Surgeon (a new dental graduate), the Assistant House Surgeon (a senior student), four dental students under instruction who would do the extractions in turn under supervision, the Anaesthetist (usually a Registrar in anaesthetics occasionally the Chief Anaesthetist at Guy's who, unexpectedly had an LDS as an additional qualification, or qualifying Conjoint and LDS, decided to stay with medicine). The Registrar, who invariably gave the impression that he regarded the task as a little bit of "slumming" (which it certainly was) had two dental students under his instruction in administering the "gas" and frequently two medical students, also slumming, and finally, in charge of running the whole show, as it were, a fierce-looking Guy's Sister, a person of enormous status in those days, of whom all, even the Consultant, were wary. Outside in the Waiting Room, hopefully barely within earshot, were the patients, starved and dehydrated, their fitness for "gas" said to be estimated by their ability to climb the stairs to the Gas Room – if you could get up them you were fit to be rendered partially anoxic (only partially because there was a real anaesthetist present). In the midst of this group of a dozen or so people, all clad in white or green gowns, the patient was firmly brought – firmly because the Sister managed this part herself, and there was no escape. The majority of patients would be in for a "clearance" of any teeth that were left. Guy's was ahead of its time in that a full mouthful of teeth was never attempted in one hit; only a quadrant, at the most one side, was done, so that the patient, although spared the trauma and the prolonged anoxia of a full mouth clearance, would require up to four weekly sessions in the Gas Room. As soon as the patient was seated and covered with a rubber apron, a prop was put in his mouth, which effectively cut him right out of any further comment or observation. As soon as he was semi-conscious, a broad strap was fixed across his lap so that he could not leap out of the chair! Patients were lucky at Guy's, they did get some oxygen. In brief locums in years to come I often had the unhappy task of snatching, as quickly as I could, as many teeth as possible in the few moments between anoxia and recovery, or wild resistance, the anaesthetic administered by a GP using a full face mask and a cylinder of gas on the floor, with a tap operated by his foot. If a disaster seemed imminent – that is if the patient seemed to be becoming black rather than just dark blue – well, air had a pretty high oxygen content anyway, so the mask was removed for a few welcome breaths of fresh air. The occasional bit of artificial respiration could be used as a last resort. No surgery ever had any sort of suction that could possibly be used, and blood flowed everywhere, obscuring the remaining teeth, and overflowing onto the rubber apron. If a laryngeal spasm arose the observation was usually made that "it always stops when the patient gets really short of oxygen"! Well, fortunately they always seemed to – whether for this reason or any other, I still wonder to

myself. Occasionally I have reflected upon the – fortunately very few – children I have seen lying on the floor during an unexpectedly long recovery from nitrous oxide, having artificial respiration. They were returned to their parents alive, if vomiting and exhausted. Were they, perhaps, the mildest bit brain damaged – with even just second-rate examination results instead of first-rate in years to come, or third-rate instead of second-rate – who can tell? Nowadays with the addition of halothane, the insistence upon adequate oxygenation, and the proper availability of suction, there is much improvement.

“The Zoo Story” and “Ten Minutes To Johnny”

reviewed by our Theatre Correspondent

“The Zoo Story” and “Ten Minutes to Johnny” were performed to small but enthusiastic audiences in the ballroom on 18th and 19th of March. It was a low key but thought-provoking production with a small cast and minimal use of props, costume and lighting.

“Ten Minutes” was described in the programme as “a presentation of words”. I cannot tell you exactly how many words there were – quite a number I should imagine – but I can tell you that they were grouped together into 62 poems or songs which in their turn were organised into 13 themes, “Introspection”, for example, or “Decay” or “Irony”. Each poem or song was presented by, in most cases, just one of the small cast of eight people, the highlights being as follows. Mike Travis, co-producer of this and various other productions at Guy’s, started the show by encouraging his audience to “Brush Up Your Shakespeare”, later appearing as P.C. Plod in Roger McGough’s “P.C. Plod In Love”. Alex Grayson, likewise no stranger to dramatic productions at Guy’s, further demonstrated his ability as a songwriter of wit and intelligence with the allegory “And The Rain Came Down”, in which an initially amusing tale of a storm causing mild local problems (for instance the local policeman’s boots filling with sewage) becomes a chilling metaphor for the beginning of a nuclear war. Fiona Clarke’s recital of Turner’s “Death Lib” was brought cruelly into focus at a later stage in McGough’s “The Identification”: the former glibly points out that death is without prejudice in its choice of victims; the latter details the disturbing findings of a mother called upon to identify her dead adolescent son’s body. Kae Bennetts’s performances of “P.C. Plod In Love” and Betjeman’s “Westminster Abbey” were splendidly satirical; Angela Craven’s recitals of “Laughing Boy” and “A Case Of You” were most emotional and Sheena Pollock’s treatment of various McGough works equally accomplished. Musical interjections were provided by guitar/vocal duo Nick Jones and Anne Martin who, besides playing a number of fine songs of their own, finished with Suzanne Vega’s excellent “Tom’s Diner”.



The Performers

Following the second interval of the evening, Mike Travis and Alex Grayson returned to perform Edward Albee's short play "The Zoo Story", wherein a neurotic Englishman stumbles across a simple American family man in New York's Central Park and proceeds to tell his life story, as people tend to under such circumstances. However in this case the circumstances were rather more disturbing than most when it transpires that the innocent New Yorker has become an integral part in the narrator's suicide plans. Alex Grayson, as the Englishman, had the lion's share of the dialogue (including a long speech concerning his attempt to murder his drunken landlady's sadistic dog with a lethal combination of hamburgers and rat poison) – a strong performance despite a few forgetful moments – whilst Mike Travis convincingly portrayed the New Yorker's gradual change in mood from initial embarrassment to anger and horror as the Englishman's jealousy and hatred of his secure position in life became more and more obvious. Although the conclusion, in which the Englishman spoke for some five minutes with a knife embedded in his stomach, was something of a disappointment, this was but a small blemish on an otherwise compelling performance by both involved.

All in all, this was indeed a brave production and certainly proved the commitment to "performing arts" of both producers and cast. By rejecting the props, costumes, scenery and other logistical problems of a large-scale production, and by playing to an audience seated in the round, the cast were forced by their vulnerability to get on with the business of *performing*, and who could knock them for doing so? It was a gamble that paid off, providing a refreshing but stimulating – and very reasonably priced – night's entertainment. Congratulations to all involved – keep up the good work.

Physiotherapy

When, last year, we had a physiotherapy student captaining a Guy's rugby XV it seemed remarkable, although in the previous years one or two students had played for the Club, if Blackheath will concede the annexation. That female students should find their way into Guy's ladies teams, openly or by clandestine routes, was not a surprise, but it is so much a habit to think of female physiotherapists – a rephrase is called for – to think of physiotherapists as female, that to envisage our students actively engaged in male sports calls for a mental effort: Oh, dear – I wish I'd never started this.

What, then, when a Guy's-trained physiotherapist plays for England against Wales as a number 8? Having been here long enough to know a wing three-quarter from Guy's playing in just such a match, and to know of the father of this new internationalist, to use a MacLarenism, and of his prowess for Guy's and for England, it still comes as a surprise to say that Sally is her name, Sir. Miss Treadwell churned the turf in a comprehensive win just recently.

We have our links with the round-ball game as well. The Arsenal physiotherapist comes from our establishment, as a BBC commentator was kind enough to proclaim one Sunday afternoon, and the Player of the Year for the current season, though not perhaps immediately claimable, did at least have the good sense to marry one of ours – perhaps we can celebrate a somewhat tenuous Cup double this year? Any excuse . . .

Presently in training, we have our Olympic, Commonwealth games *et al* diver, recently back from Moscow, shortly off to Bulgaria, our European Junior horsey champion hopping over fences in Ireland and Poland, and our Great Britain lacrosse player revelling, born-again, in the joys of student life.

"Are all physiotherapy schools like this?" was the question asked across a few copper jugs of Old Wallop underneath the railway arches as the first year celebrated the ending of their mock-exams. Answer – it all depends. Certainly not, if sporting and social strengths are the only criteria; certainly yes, if they are seen to be part of the whole person and of the whole school. Certainly not, again, if "it's licence they mean when they cry liberty". While the efficiency, or otherwise, of a school can be judged by its pass-rate, most of us would agree that the quality of the product is at least as important as the quantity. On the other hand, most of us also would agree that to have a high rate of socially-able, sporting failures is not that good news. So for the majority of us, whose sporting skills barely stretch to remembering the sequence of the coloured balls in snooker, and whose social skills are confined to passing the time of day with the milkman, let us not despair – we, too, could become physiotherapists. Though probably not at Guy's.

Ronald Cooper

Nurses in Trousers?

Few subjects – except possibly pay – will excite discussion amongst nurses more than uniforms. The design of the nurses' uniform at Guy's, in common with other leading teaching hospitals, can only be accepted on a traditional basis: its utility is negligible. Here lies the crux of the matter. Is a nurse's uniform merely a symbol to establish status, while at the same time pandering to the historical associations with disease? Nurses' caps, as worn today, no longer afford protection against infestation, and, anyway, such protection is no longer necessary. However attractive they may look, they could usefully be removed without giving any specific offence to medical precaution.

Doctors of any grade from houseman to consultant seem to get along very well without a uniform – only a white coat suffices. It is regrettable that nurses are so concerned with altering their apparel according to status. Is it really necessary to have an almost para-military obsession with uniforms, graded from nurse learner to senior nurse, before patients and other staff are aware of the respective abilities each one possesses?

Recently the Royal College of Nursing conference passed a resolution to encourage a tunic uniform with trousers for female nurses, in place of dress and tights. Many nurses have found tight dresses and black tights, both uncomfortable to work in and in need of 'hitching up' when trying to move patients in bed in order to improve their position. Many female nurses resent the image of 'sexy girls' – projected by black stockings and suspenders in the predatory male mind towards 'naughty' behaviour – and the accompanying embarrassment when they move patients, and bend over. This change is long overdue, and I think it should be recognised that a nurse's garments should be 'protective' rather than 'provocative'. Male nurses also wear the more sensible combination of 'dental tunic' and trousers appropriate for working with patients who may need lifting in bed. Status conscious die-hards and those who think more of tradition than common-sense may deplore this change of fashion, but images must not be allowed to cloud the judgement of the practical working nurse.

Furthermore, at this RCN conference it was revealed that the most common industrial injury suffered by nurses – bad back – could often find its origin in unsuitable working conditions imposed by dresses and tights. When a nurse ignores what she was taught about correct procedure for lifting patients, on the grounds of preserving her modesty in ill-suited uniforms, she is more likely to damage her back through the awkward moves, she makes to avoid giving too much of a 'leg show'. So, if sexual equality can prevail in the wearing of uniforms, it will help in three ways: firstly, to stop nurses injuring their back from these circumstances, secondly, to remove the 'sexy' image, and finally, save some of her hard earned cash by not having to purchase tights for work.

Denis Cobell

Book Reviews

Practical Paediatrics. M. J. Robinson (ed). 525 pp. £24.00 Soft Cover. Churchill Livingstone.

This Australian textbook of general paediatrics is aimed at medical students, and though not a reference text, it is more detailed than many student paediatric textbooks currently available. A variety of authors contribute to their particular subspecialties. However, it does mean that some parts of sections on social and community paediatrics will not be relevant to students outside Australia.

The text is problem orientated — abdominal pain, chronic cough, the pale child etc. — which helps the student to learn how to deal with clinical problems as they actually present themselves. Drug treatment details have not been included, but there is a chapter devoted to the principles of drug therapy in children, which includes a table of paediatric drug doses.

This textbook is overall a very useful "middle-weight" addition to the medical student's paediatric library.

L. REES

Lecturer in Paediatrics

Medicine — The Bare Bones. A Comprehensive Systematic Approach. E. H. I. Friedman and R. E. Moshy. 556 pages. £14.95. Soft Cover. John Wiley.

Medicine — the Bare Bones is advertised as a comprehensive review of the complete undergraduate curriculum. It does indeed cover medicine and surgery, psychiatry, paediatrics, obstetrics and gynaecology, community medicine, and every other clinical topic you can think of, within 540 pages. Those who approach this with a glint in their eye, hoping that they might get through the course with this single book priced at £14.95 are likely to be disappointed. It is designed as a rapid check list of the essentials. Indeed,

its 540 pages are not overfilled. There has been widespread use of abbreviation and lists, and in fact the book fulfils its stated purpose rather well. Whether it really has a role remains slightly more doubtful. I think that clinical students might well find it useful to have such a text to refer to, especially during the early stages. It will at least give the bare outline of most conditions, and show where they fit into the system involved. Much of the information is too brief to be of any great help, but if nothing else it will point the way to further reading.

It may be that it will be of even greater use amongst nurses, radiographers and physiotherapists, although some of the abbreviations may produce problems. Overall, it is a commendable effort at a difficult task, condensing a vast amount of information into a small space. Clinical students may find it a reassuring book to have readily available. It would be £15 well spent, although it in no way replaces the need for any other textbook.

P. J. REES

Clinical Tutor

Introduction to Diagnostic Imaging. L. Sider (ed.) 303 pp. £24.00. Soft Cover. Churchill Livingstone.

New technology has introduced many changes in the practice of medicine, and the speciality of Radiodiagnosis, as much as any other, has had to absorb the fruits of the electronics industry, the introduction of new chemicals in the form of safer contrast media and the high precision engineering of catheters and wires used for interventional procedures. So that medical students can keep up to date in this field without sacrificing too much of their time spent on learning basic clinical skills, texts of this kind should find a ready market.

An Introduction to Diagnostic Imaging demonstrates the dazzling range of modern techniques without straying too far from common problems. It is not a book that takes the reader step by step through interpretation of plain radiographs, for this better to read *X-Ray Diagnosis* by Armstrong. Instead it takes a clinical problem such as gastrointestinal haemorrhage and introduces the reader to a logical approach in the use of barium studies, isotopes such as technetium in the form of 99m-Tc sulphur colloid or attached to red blood cells.

Another example is the investigation of a renal mass: which is best – an intravenous urogram, a CT scan, an ultrasound scan or an angiogram with digital subtraction? All of them? Or some of them but in what order? Other headings in the chapter on the urinary tract include investigation of haematuria, of hypertension, or pyuria and of oliguria. Algorithms are provided, although these should not be regarded as gospel, other factors such as availability of equipment and of expertise and also cost need to be taken into account. The last of these factors is not mentioned – a regrettable omission in my view.

The book is profusely and well illustrated. The text is economically written and packed with information. The chapter by Hendrix on bone and joint disease reads particularly well. Surprisingly there is evidence of careless editing with numerous small errors in the annotations and numbering of the diagrams. The biggest clanger being on the front cover.

A. J. S. SAUNDERS
Consultant, Radiology Department
W. NELSON
4th Year Medical Student,
University of Virginia

Essentials of Urology. J. N. Corriere Jr. (ed.). 353 pp. £29. Soft Cover. Churchill Livingstone.

This book from the University of Texas Medical School in Houston reflects both a departmental "party-line" and the American practice of defensive medicine, leaving no stone unturned in its exhaustive lists of aetiological factors in urologic disease. Aimed at both students and junior hospital doctors it covers much more than would be required in the M.B. Finals in Surgery. The problem-orientated approach to diagnosis, whilst laudable in itself, would be more

useful to the busy Casualty Officer than to the final year student. The authors have packed a large amount of information into 353 pages by making extensive use of lists but have done so by having very few illustrations. As urology is a speciality depending less on physical signs and more on investigations such as radiological imaging, this is greatly to the book's detriment. In being an American text, a number of problems arise, principally in the sections on oncology where no mention is made of the staging classifications (TNM) used in the UK. There is a marked disparity in the quality of the chapters, that on "Haematuria" being excellent whilst that on "Micturition and the Neurogenic Bladder" is poor and continues to use an outmoded classification of neuropathic dysfunction. Balance is also a problem, perhaps devoting five pages to priapism and only one and a half to benign prostatic hyperplasia reflects the belief that everything is bigger and better in Texas.

In conclusion, at £29 this book cannot compete with the available British texts such as the "Lecture Notes" and "Outlines" series.

K. MURRAY
Senior Registrar, Department of Urology

An Outline of Urology. D. E. Sturdy. 202 pp. £6.95. Soft Cover. Wright.

This is a good little book. It is not perfect, but then no book is ever going to satisfy the bias and prejudices of the average reviewer. It is well illustrated, well up to date, and covers all aspects of urology adequately for the group of people for whom the book is intended, namely, clinical students and junior house officers. The format is particularly good for those working for exams and considerable effort has obviously gone in to keep the illustrations as close as possible geographically to the relevant point in the text – an aspect that is woefully deficient in many books. At a price of £6.95, any opposition is going to have to work hard to better it, though Blandy's *Lecture Notes in Urology* is to my mind more comprehensive, but then it is much bigger, more expensive and in many respects perhaps a little too much for students.

A good buy. It must be good if I read it.
A. R. MUNDY
Consultant Urologist

Diagnostic Picture Tests in Paediatrics. R. D. G. Milner and S. M. Herber. 128 pp. £6.50. Soft Cover. Wolfe Medical Publications.

This small book represents good value for money. It contains 200 pictures of interesting clinical material, some radiographs and a few pathological specimens. The radiographs are a little difficult to interpret but otherwise the reproduction is adequate. There is a good variety from rare, but important, syndromes to more common problems. The questions accompanying each picture are well thought out and typical of those in the MRCP Part II examination, requiring accurate diagnostic skills and knowledge of aetiology and management. The answers, given all together at the back of the book, are concise and will stimulate further reading. A useful addition would have been an index. This book has much to commend it and although it would not be, as the preface of the book suggests, essential for medical students to buy, it could be on the undergraduate "reading" list. I would recommend it for those preparing for DCH or MRCP (Paediatrics) examinations.

J. P. MIDGLEY
Senior House Officer,
Department of Paediatrics

The Rites of Life. Caroline Berry. 207 pp. £7.95. Soft Cover. Hodder and Stoughton.

This book is a synthesis of the author's Christian faith and her professional insight and skills as a consultant geneticist. She applies this to a number of complex issues in medical ethics concerning contraception, abortion, infertility, handicapped children, euthanasia etc.

The opening sentence of the book declares that Dr. Berry writes for Christians and demonstrates throughout a wide knowledge of the Bible from which riches she draws a large number of incidents, and dialogues with which to illustrate her theme.

Dr Berry's book will no doubt be widely read and used by those who view the Bible as she does, in terms of "truth", and who are comfortable with the use of Biblical exegesis to guide their thinking and help them draw personal conclusions to such ethical issues. I tended to find some of her use of Biblical material indiscriminate and her anthropomorphic view of God and sexist language a barrier to relating to the very real warmth and compassion evident in the book and no doubt experienced by her patients.

The Rev. TED MARTIN
Hospital Chaplain



Guy's Hospital Gazette

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Colour Aids - Haematology. D. Lynch and A. P. Yates. 32 pp. £5.95. Soft Cover. Livingstone.

The prospect of identifying a pathological process when first looking down a microscope is daunting. The nuances of shades and patterns are only learned with experience. The photo micrographs in this book are of a high quality, but with a few exceptions the authors fail to clearly identify the normal or abnormal features which they discuss in the text, which makes them difficult to identify for the uninitiated. However, the text is clear and succinct and is, in general, well presented. The book is not well indexed but is small enough to allow features of interest to be easily found. It is a useful book for those entering the field or for those last seconds of revision before entering the examination room.

S. A. SCHEY
Consultant Haematologist

Listening to Gynaecological Patients Problems. David Jenkins. 104 pp. £5.95. Soft Cover. Springer Verlag.

Most gynaecological textbooks are full of basic factual information about the multiple abnormalities which can affect the female reproductive tract. These provide the information necessary to pass final M.B. exams, but in fact do little to deal with what is probably the single most important part of gynaecology, i.e. communicating with the patient. For most women a gynaecological examination is an embarrassing and difficult event during which it may be impossible for her to convey the true nature of the problem about which she has consulted the doctor. Making the patient at ease, asking the right questions and listening carefully to the responses will provide the basis for the appropriate diagnosis and treatment. In his book Professor Jenkins has provided an essential addition to the normal textbook and should be read by all undergraduate students and indeed by many more experienced doctors. The skills which it is hoped will develop are applicable across the whole range of medical specialities. However, if they can be developed in this most difficult area of gynaecology, they should easily be adapted to the more straightforward specialities, such as general surgery.

Chapter by chapter, the various presenting symptoms and a method of approach for the physician are outlined. The questions seem to be appropriate and encompass the details necessary to make specific diagnoses. A key to the reasons for asking specific questions is given and then a short factual summary of the possible causes is provided.

Communication skills are receiving an increasing amount of attention in the undergraduate curriculum. Concern that the students we produce are too scientifically orientated and not able to listen to or talk to their patients is a widely expressed view. It is books like this which, hopefully, will help educators and students alike to achieve skills in this vital area.

M. G. CHAPMAN
Senior Lecturer/Consultant
in Obstetrics and Gynaecology

Clinical Cases in Paediatrics. N. P. Mann and N. Rutter. 168 pp. £8.95. Soft Cover. Churchill Livingstone.

This book consists of a series of typical paediatric cases. Each case report is followed by a brief comment on the disease to put the individual case in context. It is based on a teaching resource devised and used successfully in Nottingham, where it complements the students' direct clinical experience. The book covers the full spectrum of paediatric disease. The cases are interesting, because they are personal. The text is easy to read, but closely written, so that anyone reading carefully can deduce why a particular form of management was adopted in an individual case. The cases may be easier to remember than cold disease descriptions and help remind the student how common diseases present.

My criticism of this book is that each case is presented under a ready-made diagnostic label. Patients do not present already wearing labels; they present with problems. Thus the baby with bronchiolitis presented with breathlessness. Why did she have bronchiolitis and not bronchopneumonia or heart failure? These points are covered in the text, but not in a way which puts the student in the clinician's shoes and makes him work it out for himself.

Thus, it is the kind of book that can be dipped into easily, but most people will find that little of the information is retained. Some will find it suits them and provides a way of broadening their clinical experience. I would not recommend it, mainly because, unlike real clinical problems, the cases presented are too tidy.

V. VAN SOMEREN
Lecturer in Paediatrics

Manual of Haematology. A. S. J. Baughan, A. S. B. Hughes, K.G. Patterson and L. Stirling. 274 pp. £8.95. Soft Cover. Churchill Livingstone.

Over the last ten years, haematology has moved firmly out of the laboratory and into the ward and clinic setting and is nowadays firmly established as a clinical specialty. The specialty is a complex one and any meaningful insights into it can only be gained by a sound understanding of the laboratory investigations and principles upon which they are based. The *Manual of Haematology* is a companion book to a *Manual of Blood Transfusion*. Each topic in the book is divided by means of sub-headings into sections which are considered in terms of lists of the relevant features and investigations. Whilst this is ideal for the busy houseman, anxious to perform the relevant tests, it does little to further one's understanding of the pathophysiological mechanisms involved. Most areas are covered well, although the penultimate part on laboratory findings is rather too perfunctory to be of much value. However, for those who have a busy clinical practice and find the vast array of haematological tests available to the requesting physician too daunting to contemplate, this book will be a valuable aid, and I am quite sure will be popular with housemen or registrars not specialising in haematology.

S. A. SCHEY
Consultant Haematologist

Manual of Clinical Blood Transfusion. Branko and Melica Brozovic. 200 pp. £9.95 Soft Cover. Churchill Livingstone.

The practice of blood transfusion and serology has in recent years seen an explosion of knowledge. In the main, America has led the field of research into this area of haematology, and only more recently has serious attention been given in this country to this very important subject. As a result, much of the mythology that surrounded blood transfusion has now been either thrown out the window, or is firmly based in scientific fact.

Branko and Milica Brozovic have produced a book intended for junior medical staff requesting and administering blood transfusion. Each chapter is approached by giving a pathophysiological explanation of the underlying mechanisms involved with a short explanation of the clinical features and management of patients. In the main, this has been successful, with particularly good chapters on transfusions reactions, diseases transmitted by blood and blood products and apheresis. The nature of the book does not allow this to be particularly well referenced, but should stimulate those who read it to look elsewhere for these. Blood transfusion in the past has been a poorly taught subject, and I think this would be a book which any practising clinician, medical or surgical, would find useful.

S. A. SCHEY
Consultant Haematologist

Basic Medical Microbiology. R. F. Boyd and B. G. Hoerl, 3rd edn. 964 pp. £28.30. Hard Cover. Little, Brown & Co.

As this is the 3rd edition of this book there is no excuse for omitting the human retrovirus group which includes the human T-cell leukaemia viruses (HTLV, types I and II) which cause T-cell lymphomas and human immunodeficiency viruses (HIV, types I and II) which precipitate the disease known as AIDS. These infectious agents have been characterised for 2-3 years and should have been included. Another criticism of this

book is that the viruses described under the heading "Oncogenic viruses and cancer" include mostly those viruses which have only been shown experimentally to produce cancer and makes no mention of hepatitis B and human papillomaviruses and only touches on HTLV I and II. However, hepatitis B does get a very good airing later in the book. In addition I find it hard to reconcile the statement "*Chlamydia trachomatis* is the most frequent sexually transmitted pathogen in the United States" (and worldwide if they believe that people outside America partake in sexual intercourse) and then proceed to give it half a page out of 964.

So what is good about this tome – quite a lot. All of the chapters contain good quality photographs of organisms and clinical lesions and informative and in the main clear diagrams. In fact one of the striking impressions as you flick through the book is the number of illustrations, which probably accounts for the number of pages, since the text on any one organism or disease is not extensive.

Each chapter starts with a page on objectives and finishes with a few questions on the subject covered. A nice touch is that the chapters contain one or more case reports or notes on small epidemics taken from the Mortality, Morbidity Weekly Reports of the Centres for Disease Control. These reports are on pink paper and so stand out from the rest of the text. An interesting area not usually covered is oral microbiology. This chapter gives the reader an insight into the role of bacteria in the aetiology of dental caries. Fungal diseases are also covered in more detail than is usual, with useful photographs of the different fungi and cutaneous lesions, and since this is an American book systematic fungal infections are prominent.

The layout of the book is similar to most other microbiology books, but the diagrams are superior although they do increase the size of the book to an extent that prices it out of the student range. However they should find it useful to look up in the library.

D. J. McCANCE

Senior Lecturer,

Department of Microbiology

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are May 18th and June 17th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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Correspondence

(S)elective Bursaries

Dear Sirs,

Many students will be unaware of the latest advantages conferred upon them by the recent merger between U.M.D.S. and "Club 18-30". As a result, the Medical School can now assist certain medical students in such pursuits as skiing, scuba-diving or merely lazing on some sun-drenched foreign shore.

Competition for these holiday awards is, however, considerable and applicants are required to submit details of their proposed activities (the more ludicrous the better) and to complete a slogan in not more than ten

words. The successful applicant having been already chosen, *all* applicants are interviewed just to make them all sweat a bit.

Well done to the Medical School; this truly great opportunity will surely be welcomed by all Guy's students.

P.S. Any student who has a Y chromosome in his karyotype, who has fallen victim to the comical sign-up system or who intends to abuse the award scheme by doing a bona fide elective need not apply.

Yours faithfully,

SINE NOMINE
Boland House

Sport

RUGBY CLUB

1st XV v Cambridge University

The coach trip proved to be longer than anticipated, but the driver did "floor it" to Cambridge at a top speed of 30 m.p.h. Two and a half hours later we hauled up outside the ground.

This was a game played just after the spell of inclement weather. Both sides were keen to test their fitness and handling skills. The result was a very free-flowing entertaining display of rugby football. This warmed the large crowd at Grange Road on a bright but cold January afternoon.

This fixture is one of the more glamorous in the Hospital's calendar and many supporters from H.Q. had travelled up the M.11 to support the team. Bevan's harem were in particularly good vocal form.

Guy's had a disastrous start to the game. In the opening minutes Wayne, the scrum half, had to retire due to a depressed fracture of his zygoma. Coleman took his place and the ever devastating Haley, fresh from his S.E. Asia tour, came on at Full Back. His extra pace and experience helped cement the backs into a cohesive attacking force.

Cambridge threw everything they had at Guy's in the first 20 minutes, but Guy's held firm. Conchie and Beardmore were both burrowing in like giant moles in the mauls. Our front row were charging into rucks reminiscent of the Light Brigade at Balaclava. Their heroics were enough to smash the Cambridge morale. Guy's began to assert themselves and take control of the game.

In previous meetings Cambridge had proved to be a jinx team for Guy's, but the role was reversed this time. Bunting in the centre bludgeoned his way through, consistently showing a clean pair of heels to the opposition. By half time Guy's had the game by the scruff of the neck. Redman was flying down the right wing when the ref blew for the interval. He looked certain to score with only 45m to go.

Incensed by the ref's decision, Guy's redoubled their efforts. The forwards rolled the ball left and right to suck in the University defence at every opportunity. The backs were like sprung coils released in sensational fashion when Cambridge had no chance of catching them.

Meharg was a destroyer in the loose and always in attendance to support the gazelle-like backs. His shoutings were still utterly

unintelligible but confused the enemy more than Guy's. Bowskill, whose wife is about to give birth on Monday, played with carefree abandon for someone with so much on his mind.

The best move of the game came when Guy's used a double switch in the centre which Dooley took on from Davies, after desperate defence, to sprint in. But the infamous Grange Road Dip got him 2m out and from the resulting scrum Parry, the corner stone of the pack, was penalised for collapsing the set piece.

The crowd were completely behind Guy's now and chants of "Blanco, Blanco" were heard when Haley launched himself into the attack. His elusive and unpredictable running style kept the University under immense pressure all afternoon. Similar chants were heard for Seare: "Condom, Condom". But I fear these weren't intended as compliments.

As the game reached its closing stages, both teams were tiring, but Coleman added spice when he set off, from the base of the scrum, on some jinking runs.

Davies cleared any danger at Stand-off that Cambridge could create with a cool head and an accurate boot. This young man has a super temperament that will obviously make him a great career in medicine as a G.P.

The game holds one enigma for me and that is how Cambridge scored 26 points to no reply. It still remains a complete mystery to me. We were obviously robbed, but it's a game of two halves and the side that scores most points wins.

Beardmore has finally found a position on the park that suits him; keep him there say the backs. Apparently Cambridge town centre was painted navy and gold in the evening. Whatever that means.

Le Mince

Team: Parry, Mislin, Seare, Conchie, Beardmore, Bowskill, Meharg, Dooley, Coleman, Davies, Redman, Bunting, Bath, Bevan, Wayne, res. Haley.

FOOTBALL CLUB 1st XI Report

After the traditional good start to the season with the 1st XI standing second in the league, there followed the equally traditional mid-season crisis in form – "we're riding on the crest of a slump" etc. The

reversal in fortunes began at Turkey Street, the home of the Royal Free – and league leaders. The captain has the unenviable record of never having won a game at Turkey Street and so took the sensible step of trying to avoid the place by going to Walthamstow. Unfortunately Masani managed to get us to the correct venue. Guy's were abysmal, a fact not totally unassociated with the fact that Path' Finals had finished the day before and had been suitably celebrated. Gardner was definitely still under the influence when he dropped the ball in the first minute to give Royal Free the lead. Another mistake allowed the Royal Free to win 2-0. One question arose from this game. Why had Rytina celebrated the end of Path' Finals more than anyone else – three years after his own finals had ended? Unfortunately the attempt to leave Paul "Nick-Nick" Hendrick in the middle of nowhere failed when he caught the rest of the boys up at the station.

A few weeks later we returned to this godforsaken ground to take on the School of Pharmacy – but the skipper's fine record was not in danger, this time losing 4-2. Robin "No-Hands" Russell returned in goal and showed he had lost none of his old form, defying everything SOP could throw at him. Meady decided to show them how to do it and scored a fine own-goal from at least 25 yards. In bitterly cold conditions SOP stormed through Guy's frozen defence to score a second. Guy's then showed some character by getting back on level terms – Tucker scoring both goals. At this point we almost looked like winning but soon showed our true form when a long ball went over the defence and was finished off by SOP. The scoring was completed by a fine fourth goal – so good that Rob Russell just stood and watched in admiration ... as it curled into the far corner!

Luckily in between these two games, Guy's managed to win a vital game against New College 2nd XI. Exam results meant that O'Hara B.D.S. and Coleman B.D.S. were unavailable and Gardner and Masani were on electives so McHugh, Bailey, Jones and Biswas (Junior) were all called up. All responded well and at times the team played as well as any other time throughout the season. In fact Bailey opened the scoring with a fine header. But New College equalised when Tucker ducked under a long shot which came straight out of the sun – honest lads! Come back Tony Gardner – all is

forgiven! Fortunately Guy's responded well and G. Biswas scored a good goal to regain the lead. Gilly then tried to miss the goal from one yard but fortunately was too close to the goal line and his header found the far corner. Despite a late rally from New College, Guy's managed to hang on to two vital points.

The next game against St. Mary's Hospital saw Mike Coleman make a fine debut in goal for Guy's, in fact the whole team putting in another fine performance. Tucker managed to score a fortunate hat-trick but man-of-the-match was loud-mouth Roberts who scored two fine goals and was unlucky to hit the bar from 25 yards.

The home game against New College was to have been "Sir Stan" O'Hara's B.D.S. (Lond.) farewell game for the club, and in recognition of the man's growing stature within football, Sir Stan was pushed up front to dazzle us with his dribbling skills. Unfortunately New College discovered our master plan and refused to play against such a talented player and so decided not to turn up. However, as Stan was obviously the reason for their non-attendance, both goals in the official 2-0 score line have been credited to this giant of a man. It should be mentioned at this point that the football club and the hockey club decided to have a game of football as both oppo's failed to turn up, and as a result of this Millar, Brink and Deepak are all being considered for 1st team places next season.

The following game against KCH was further testament to the captain's organising ability – five to two in the Spit with only ten men for a 2.30 K.O. at Colliers Wood. Apparently that Tom Cruise look-alike Julian Gilmore was still dancing the night away at Buzby's and couldn't make it in for the game, and "Disco Dancing" Schaeffer had caught a chill walking home from the same disco (regular readers will remember that Bill lost his disco jacket earlier in the season, fortunately the jacket has since been retrieved and no doubt will be in action soon). Luckily Adie Watts had his rugby boots with him and played a vital part in a 3-2 victory, Tucker, Bailey and Callaghan scoring the goals. One moment in particular stands out from this game, when Andy Jones committed a foul that Gentile, "The Butcher of Bilbao", and Norman Hunter all rolled into one would have been proud of. Happily their forward still has his left leg and should be up and hopping around soon.

Selection problems reached a new height for the game against School of Pharmacy with regulars such as Gardner, Masani, Biswas, Roberts, Mead, Paul "Bryan Robson" Hendrick, Coleman, O'Hara all unavailable. A poor game ended in a 1-1 draw with Tucker particularly inept in goal. Guy's goal came from a twice taken penalty (cheers C. Pocock!) with Bailey eventually being successful after Jones had demonstrated his infamous penalty-taking technique.

Finally, it is with great sadness that I announce the premature retirement of Tony "The Cat" Gardner and Nav "Pass the ****ing Ball" Masani. Both have been great servants to the club in recent years with Gardner being the best goalkeeper at the hospital in living memory. Nav is a past first team captain whose unselfish running and passing are beyond question and whose individual ball skills are breathtaking – both will be sorely missed (was that good enough Nav?).

P.S. A disturbing trend is beginning to affect the first team. With pretty boys Masani, Gardner and Biswas set to leave us soon, Guy's are in danger of no longer being the best-looking team in the league. Does this reflect a change in admittance policy – an enquiry is urgently needed. Their replacements also have a disturbing tendency to go home after matches – what is the world coming to?

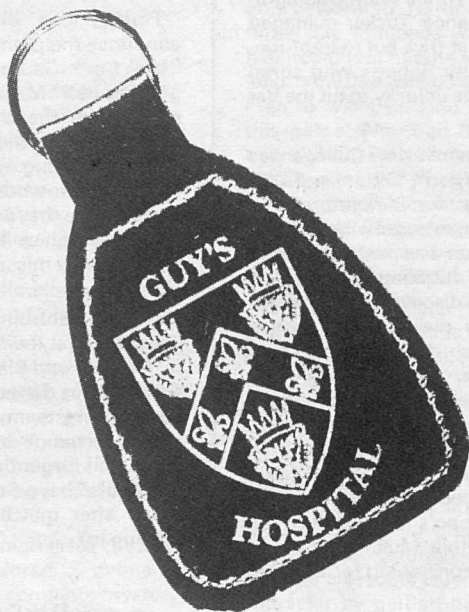
Passenger

U.H. Cup Semi-Final Guy's 1st v London 1st (lost 4-2)

Guy's most important game for years was reflected in the fact that the skipper had almost a full strength squad to choose from. Only "The Cat" was unavailable, having broken his foot on his elective while researching the effects of alcohol on the resistance of various parts of the body to heavy blows. Even Bill Schaeffer had had the foresight not to book any patients in on a Wednesday afternoon and was duly selected. The London are having quite a successful season – top of the Premier Division and in the semi-finals of both N.H. and U.L.U. cups and so a difficult game was in prospect!

Even for this vital game the captain's organising ability shone through as he managed to get the team to the ground half-an-hour late! Fortunately, the London were even more badly disorganised and had turned up without their kit.

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From the kick-off it was a tight, close game. Guy's had the better of the earlier exchanges with Callaghan and Masani both going close from free kicks. There then followed a period of pressure from the London but Guy's defence held firm. Carapeti in particular was in fine form by containing their dangerous right winger. Then somewhat against the run of play, Guy's took the lead. Masani swung over a deep cross and Roberts ran in unmarked to place his header wide of the advancing keeper. Guy's contrived to hold their own for the rest of the half but just before half-time a poor mistake by Tucker in goal allowed the London to equalise. One of their forwards controlled the ball in the box with his hand but was allowed to continue by the referee, and his shot bounced over the diving Tucker into the net. The second half was spent almost entirely in Guy's half, but the defence of Carapeti, Gilmore, Schaeffer and Bailey played magnificently and allowed very few shots on target. Then, again completely against the run of play, Guy's retook the lead. Roberts, again, intercepting a back pass, rounded the keeper and rolled the ball into the unguarded net. The final 25 minutes

were spent fighting a rearguard action. Tucker made amends for his earlier mistake by brilliantly tipping over a long range effort and a famous victory seemed on the cards. But then with only eight minutes left the London equalised and Guy's resistance crumbled. A looping header from a corner made it 2-2 and a few minutes later a ricochet rocketed into the net to give the London the lead. A fourth was added in injury time from a quick free kick to end Guy's dreams of cup glory for yet another year. However, it must be said that the players could not have tried any harder and played very well but were beaten by a very successful London team.

Unfortunately the performance in the bar didn't quite match the efforts on the field with Gilmore, Hendrick and Nav in particular all needing further coaching. Compulsory training sessions after the next couple of home games will hopefully improve their performances.

Team: Tucker, Bailey, Carapeti, Schaeffer, Gilmore, Mead, Hendrick, Callaghan, Roberts, Biswas, Masani.

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DEATH

CANN, Gwendolen, widow of Robert John. Died peacefully at home on 8th April 1987.

PRIZES

Beaney Prize for Immunology 1986

S. I. Khakoo) jointly
G. S. Takhar)

Leonard Lubcock Prize for Chemical Pathology 1986

A. Panahloo

Beaney Prize for Histopathology 1986

J. F. Stebbing

Dermatology Firm Prize: October-December 1986

1st Prize: B. J. Kneale
2nd Prize: P. J. Halliwell

Dermatology Firm Prize/ December-February 1987

1st Prize: M. J. Sharrard
2nd Prize: J. Foley

Ophthalmology Firm Prize: October-December 1986

1st Prize: K. G. Davey
2nd Prize: F. Moscuza

Edgcumbe Prize for 1986

J. S. Gilbody) jointly
T. Biswas)

Gillespie Prize for Psychological Medicine 1987

1st Prize: Sanjay Mull Sisodiya
Certificate of Merit: Raymond See-Kit Lo

School Prize in Pharmacology 1987

Prize: E. A. Wraige
Certificate of Merit: N. R. Borley

Charles Forster Prize for Cardiology 1987

B. V. Coutinho

Wooldridge Prize for Physiology 1987

Prize: D. Maudgil
Certificate of Merit: N. R. Borley

Treasurer's Medal and Prize and Baldwin Prize for Clinical Medicine 1987

Medal and Prize: J. F. Stebbing
2nd Prize: J. E. Houghton

Richard Ellis Prizes for Paediatrics 1986

1st Prize: J. L. P. Woods
2nd Prize: M. R. Alner

Spastics Society Handicap Prizes 1986

1st Prize: P. J. Jeffery
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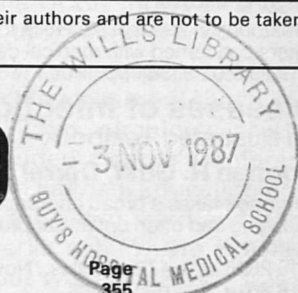
STUART MILLAR

RONALD COOPER

DENIS COBELL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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I hate to be boring about this . . . but is anybody out there? The *Gazette* is a journal run by students, and one of its functions is to act as a forum for student opinion and debate. At the moment we seem to carry about as much medical/dental student opinion as the *Pig Farmers' Monthly*. It's pretty depressing, when the health service is under such threat from underfunding, privatisation and assorted other nasties, and when education is undergoing the bureaucratic equivalent of death by a thousand cuts, that we hear not a peep from the oldest, largest and most regularly printed medical student journal in the country. It's even more depressing, when you consider the vast range of interests that the UCCA forms of students here presumably imply, that we hear virtually nothing about them.

The other day there was an article in a national newspaper about the gentrification of the student population. I think it's a shame if that's really happening, but in any case possessing a Filofax shouldn't preclude possessing an opinion. At last year's Medical Student Editors' Conference, all the participants were roundly attacked by John Fairhall, Education Editor of the *Guardian*, for producing journals that were either staid and boring mouthpieces for their Medical Schools, or puerile sub-*Private Eye* trash. The *Gazette* certainly wasn't the only culprit. But without writers, it is not possible to change. At the *Gazette*, to receive a student-written article not on sport is classed as a major life event. It shouldn't be; it should be an everyday occurrence. There are roughly a thousand medical and dental students at Guy's. If each one wrote something, it would keep the *Gazette* in copy for about four years. Instead, each month is the same with the staff scrabbling around to fill enough pages to fulfil our commitment to the subscribers.

It isn't just the students who are at fault. That's obvious – it's us as well. We're perfectly aware that we're stuck in a rut, that we're often not seen as relevant and that's why people don't write. Part of the problem is that we cater to two audiences – the Guy's graduate as well as the Guy's student. Maintaining a link between Guy's and its graduates is an important part of our job, and one which we take seriously. Inevitably, some of the material which we print is not going to be of equal interest to both readerships, but the two roles shouldn't be irreconcilable. The interests of each group aren't mutually exclusive, and I'm sure that many retired practitioners follow Cedric Belfrage avidly. At the moment, however, the student half of our readership is seriously under-represented, and there is only one way to alter this. If you have something to say, want a wider audience (our circulation is about three and a half thousand) and are prepared to be argued with, then write about it. Some possible subjects: you may have difficulty with housing, you've been on a drug trial, you know how to get grants for a foreign

elective. . . . There are an awful lot of people who would be interested, not least the editors of the *Gazette*. You'll certainly reach a wider audience than if you sat talking about it in the Spit.

I'm sorry to go on at such length about a problem which you may think is the *Gazette's* and no one else's. I've tried to persuade you otherwise. I'm sorry if I've offended regular contributors by tarring them with the same brush as their colleagues. But this is important. If you don't write, then the *Gazette*, which is your magazine, will cease to be relevant to your lives.

News in Brief

Gazette Christmas Raffle

We shall once again be holding our popular Christmas Raffle this year. The revenue that this raises helps delay a rise in the *Gazette* subscription price, as well as, of course, providing a chance for some of you to win a not insubstantial sum of money. This year the prize money will total £500.

A couple of books of tickets are included with each copy. If you wish to take any, please write your name and address on the stubs and return these with the remittance in the envelope provided by 11th December. The draw will be held on 17th December, which should mean that there is time for us to send the prizes to arrive by Christmas. Thank you for supporting us.

Friends of Guy's Christmas Stall

The Friends of Guy's Christmas Stall will be held in the Colonnade from 30th November to 4th December 1987. It will be open from 11 a.m. until 3 p.m. Monday to Friday. There will be a wide variety of goods for sale, but any gifts will be most welcome. Please contact: The Friends of Guy's, 23B St. Thomas Street, London SE1. Tel: 407 7600 ext. 2022/4.

Guy's Photographic Society Annual Open Exhibition

The Annual Open Exhibition of the Guy's Photographic Society will be held in the Gordon Museum from mid-November until the end of term. The closing date for entries is 16th November. There are two prizes of £50 vouchers to be spent at Vic Odden's Camera Shop at London Bridge, for the best enprint (maximum size 6 x 4 inches) and for the best enlargement (maximum size 20 x 24 inches). Entries (up to three prints on any subject) should be handed in at the Boland House desk with name, address and 50 pence entry fee.



Dare Quam Accipere

The Guy's motto has recently taken on a greater significance in Shrewsbury when Mrs Sheila Laws (née Squire, Guy's 1938–42) laid the foundation stone for the new Hospice to serve the terminally ill in Shropshire and Mid-Wales. At the ceremony Mrs Laws was introduced by the Earl of Shrewsbury, President of the Hospice, to a gathering which included leaders of the civic and business communities from all over the area.

Six years ago Mrs Laws, who has had considerable nursing experience involving various phases of the treatment of malignant disease – and indeed personal experience – realised that Shropshire, where she now lives, had little specialised provision of terminal care. She set about

remedying this lack and is now Chairman of the Directors of the Hospice with total funds of nearly one million pounds raised by local appeals up to the present and with continuing support. This will finance the building of the in-patient unit and services. The associated day-care, home-care and educational facilities are housed in an adjoining building which has been provided through the munificence of an overseas Trust.

It is anticipated that the Hospice, on the outskirts of Shrewsbury, will be fully functional, with the provision of up to sixteen beds, within two years. The Medical and Nursing Committee, which is now planning the functional policies of the Hospice, also has close connections with Guy's since the Chairman is Dr. W. H. Watson (Guy's 1946-50) who recently retired from general practice locally. Dr. J. O. Laws (Guy's 1940-43 and Gull Student in Pathology 1946-61) is also a member. The Guy's tradition of service to the community is flourishing in Shropshire.

Guy's Hospital Society Bournemouth and Wessex

The thirty-second Annual Dinner of the Society will be held on Friday 6th November 1987 at the Durlston Court Hotel, Gervis Road, Bournemouth at 8.00 p.m. Miss A. M. Sedgwick will be in the chair. Tickets £12.25. Further details from Mr E. H. Archard, 1 Beechwood Avenue, Boscombe, Bournemouth, BH5 1LX.

Christmas Shopping List

Ties – U.M.D.S.	£3.50
– striped	£2.25
– crested	£3.95
– rugby	£1.30
Scarves – Guy's and ULU	£7.50
Sweaters – navy blue, black, grey, sky blue, cream, beige burgundy – size 34"–46"	£15.10
Sweatshirts – navy blue, sky blue, royal blue, denim blue, green, red, white, black, pink, yellow, grey, fawn, burgundy – size small, medium, large, extra large	£9.00
T-shirts – blue, lemon, grey, green, red, white, black, navy blue, burgundy – size small, medium, large, extra large, extra extra large	£3.50
Cufflinks	£5.90
Tie pins	£2.15
Lapel badges	£2.15
Blazer buttons – 1½cm	£2.25
– 2cm	£2.40
Blazer badges	£3.50
Hockey and rugby shirts to order – please make cheques payable to Guy's Hospital Clubs' Union and enclose postage and packing of 50 pence.	

Dr. Philip J. Helliwell

Philip J. Helliwell, formerly Medical Superintendent, (1967–1976) was awarded the John Snow Silver Medal by the Association of Anaesthetists of Great Britain and Ireland, at its 1987 Annual meeting in Sheffield. This is the highest award which the Association can bestow and commemorates, in particular, his role as the principal referee for the Association's Sick Doctor Scheme, the predecessor of the National Counselling Scheme for Sick Doctors. Dr. Helliwell has also been Secretary and President of the Association, Chairman of the Editorial Board, Chairman of the Anaesthetist's Academic Foundation and Chairman of the Committee which organised the VIth European Congress of Anaesthesiology in London, as well as filling other roles outside the specialty since his retirement, including Honorary Secretary of the University Hospitals Association and Honorary Secretary and Chairman of Management of the Royal Medical Benevolent Fund.

National Theatre Special Offer

The National Theatre has put together a special offer for readers of the *Gazette* to buy the best available seats for their production of "Fathers and Sons" for just £7 – saving up to £6. This new play, based on Turgenev's famous novel, is by award-winning playwright Brian Freil and has been praised by critics and audiences. Set in Russia in 1859, it tells the story of two student revolutionaries who return home only to discover the power of love. The cast, directed by Michael Rudman, includes Alec McCowan and Richard Pasco.

Tickets may be bought subject to availability either by posting or handing in the booking form below to the Box Office at the National Theatre. Tickets are available on:

November 4, 5, 6, 7 (matinee and evening), 18, 19 and 21.

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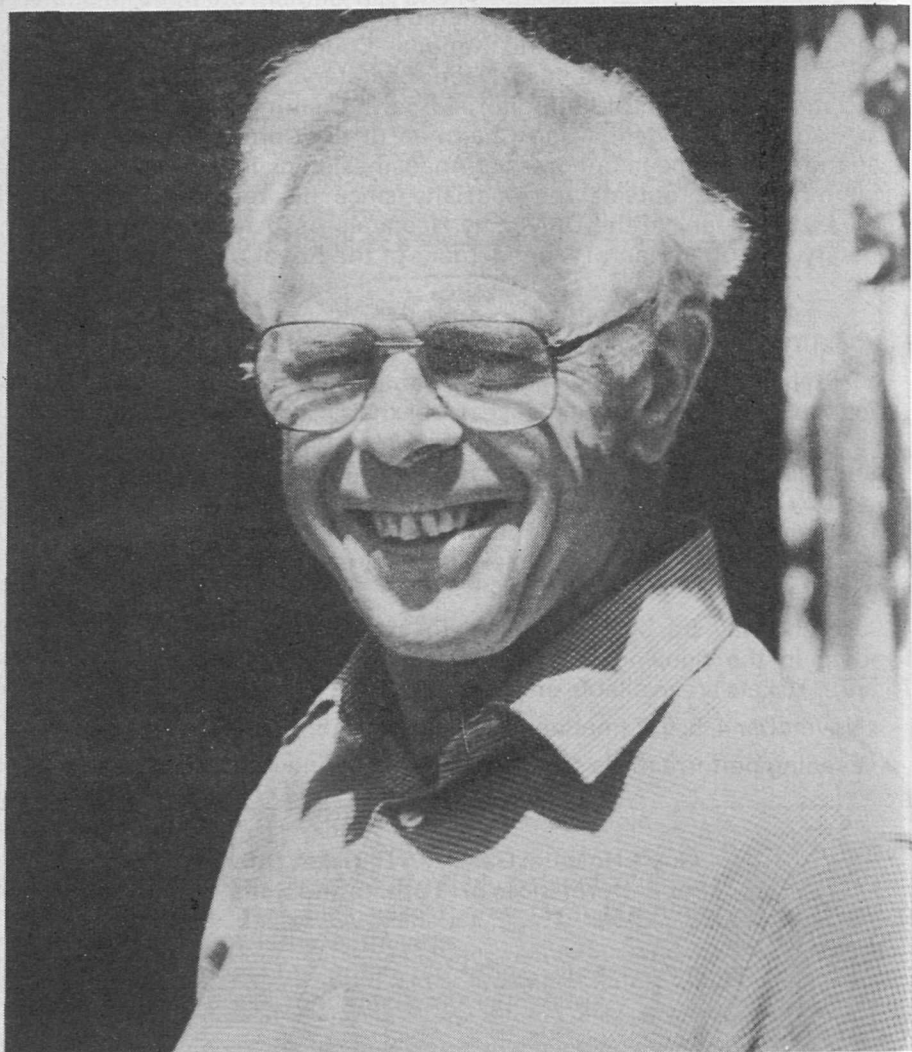
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Return this form by post (+ SAE) or in person to:

The Box Office, The National Theatre, South Bank, London SE1 9PX.

Obituary



Alan Arthur Robinson

Alan Robinson died on 14th August at the age of 61 after a long illness borne with great courage. He is a great loss to the dental profession.

Alan studied dentistry at Guy's and qualified in July 1948 with the B.D.S. degree of the University of London obtaining distinctions in Pathology and Bacteriology and in Operative Dental Surgery. He gained a number of awards during his undergraduate course. He won the Junior

Science War Memorial Scholarship, the Prize in Special Anatomy and Physiology, a Certificate for the Prize in General Subjects and he won the Final Year Prize in 1948. His practical ability was demonstrated at an early stage as he made his own student cabinet to a considerably higher standard than the production models. After qualification he was appointed House Surgeon to Mr Bullied and Mr Mansie.

He did his National Service in the Royal Air Force and had a number of postings in this country. When he was demobilised he was offered a half time appointment as assistant to the Director of the Department of Conservative Dental Surgery and was immediately given charge of a phantom head group. He conducted a number of these classes before the pressure of practice in Stevenage and Knebworth made him relinquish his hospital post. In 1967 there was a major change in the dental curriculum which necessitated recruiting more staff during the transition period. He was one of those who was persuaded to return part time to assist with the great increase in teaching. He remained as a valued part-time Senior Demonstrator and was later persuaded to attend for six sessions a week and then in 1979 he gave up practice and became a full time Senior Demonstrator. He was an invaluable member of the Conservation Department and was an excellent teacher both at the undergraduate and postgraduate levels; he demanded high standards but always had time to help the less able students. His considerable administrative abilities were quickly recognised and he was made Postgraduate Tutor to the Dental School and Curator of the Dental Museum.

Latterly he had become involved in clinical trials and rapidly became an authority on posterior composite resins and was much in demand as an outside lecturer at dental meetings. He did all the basic work for a five year trial on a posterior composite and the writer is one of the independent assessors of this trial. This has given me the opportunity of seeing a lot of Alan's excellent clinical work and to hear from his patients their unsolicited comments about his skill and gentleness as an operator. He was much in demand by his colleagues to undertake dental care for themselves and for their families.

It was a great blow to the Department when he decided to retire on health grounds in 1986.

Alan was a family man, he was a keen caravaner and liked nothing better than to study steam engines and railway timetables. He was an enthusiastic DIY exponent and had a beautifully equipped workshop at home.

The affection and respect which he engendered in so many was well shown by the large numbers of colleagues and friends who filled the church to overflowing at his funeral. The Minister gave a glowing account of Alan's contributions to the life of the village of Knebworth where he had lived and practised for so many years.

To Mary, his children and the members of his family, we send our deep sympathy.

A.H.R.R.

TRY OUR SHORT ORAL TEST



1 What has a really comfortable grip?

- ☐ (a) The Boston Strangler
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.

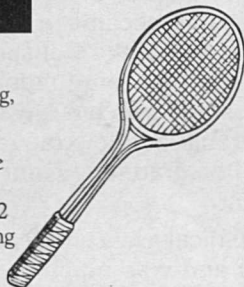
4 What has a dense brushing surface?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.



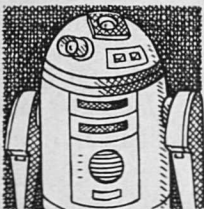
2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.



5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

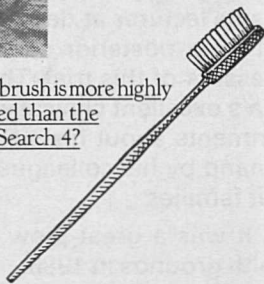


3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



Congratulations! We suspect you performed superbly. As does the Sensodyne Search 4 toothbrush. And we've got the research to prove it*.

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SENSODYNE SEARCH 4

Now no other toothbrush is more highly recommended

Clubs' Union News

At long last the preclinical term has started. I hope you enjoyed your nice long summer holiday because you're in for a really really miserable year!!! But seriously, welcome back and I hope it's not too much hard work.

I hope all the freshers are fully settled in now and that you've managed to sort out any problems (accommodation etc). You might even have done some work.

Freshers' Week was a great success (socially at any rate – the finances are still being worked out). Many thanks to all the people who helped out. Zaheer, who masterminded the whole event – not bad for a chimp; Caroline Killick who looked nice even if she didn't do much, Angie Feazey, Heather Wilson, Stuart Millar, Simon Huins, Steve Andrews, Mark Cynk (and others) for helping out at Chiswick. Dave Maudgil for organising the parents' evening, Tony Rose for organising the dentists, Alison Dunscombe for keeping the shop going and finally George Mitchell the bar steward for keeping the ale flowing throughout. If I've forgotten anybody, I'm sorry, but thanks anyway.

If any first years have any ideas on how the week could be changed or improved, please let Zaheer or myself know – we rely on a little bit of feedback.

Forthcoming events: the Snowflake Ball is imminent. If tickets aren't on sale yet, they soon will be. Auntie Zaheer will be running a dateline for all you lonely hearts out there so no whingeing about not being able to find partners.

Also looming in the distance is Charities Week – we need lots of preclinical (first and second year) medics *and dentists* (pull your fingers out this time boys and girls – it's your Union too). All you have to do is help organise events, street collections etc.

This year we are going to try and print a magazine (please, please, please, Professor Clark) so we may well need material. Remember, if we produce a magazine it will be distributed to members of the public, so keep it clean.

On the sports side, two notable events. Firstly, the boat club sent 3 boat loads of masochists to the Boston Marathon to row 32 miles (ish). They all finished, so congratulations and I hope the blisters recover soon. Secondly, for the first time in years (more like decades) Guys 1st XV beat Blackheath in the oldest Rugby fixture in the world – perhaps Blackheath had some of the original squad out (the match was first played well over 100 years ago). Congratulations to both clubs. I hope we'll see more successes this year.

Nigel White
President

Health Under Siege Medical Supplies for Nicaragua

by Jenny Keen

This article briefly describes the development of events concerning medical services in Nicaragua and summarises the contribution that the Nicaragua Health Fund has made to help the current situation in that country.

A Record of Neglect

Under the 50-year dictatorship of the Somoza family, health care in Nicaragua was a privilege reserved for the rich. Almost three-quarters of the population had no medical services at all.

A New Ideal

After the overthrow of Somoza in 1979, the new Sandinista government made a health service for all a national priority. A network of health posts was extended to the remotest rural areas. Imaginative health education work, combined with a national drive for adult literacy, taught simple but effective measures to combat malaria and infant diarrhoea. Mass vaccination campaigns eradicated polio and almost eliminated child deaths from measles.

The Tide of War

Today, these achievements are threatened by a war that is engulfing this tiny country. Some Nicaraguans never accepted the changes, especially close associates of the former dictator, Somoza, and members of his National Guard. They fled to Honduras and Costa Rica and established "Contra" guerilla armies, paid, trained and equipped by the government of the United States.

U.S. Aid to the Contras

In August 1986, the U.S. Congress voted a further \$100 million in aid to the Contras, despite a ruling of the International Court of Justice in The Hague that this aggression was unlawful. The war of attrition has taken a terrible toll of Nicaragua's civilian population. Health services have been particularly hard hit.

Health Under Fire

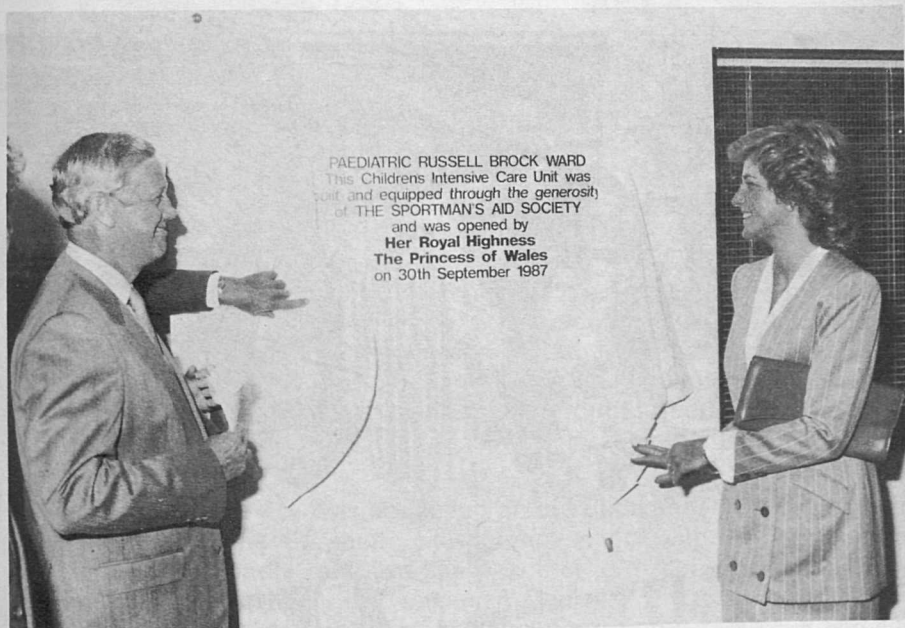
By last year, 50 health workers and 27 "brigadista" volunteers had been killed in Contra attacks, and others had been raped and tortured. Twenty health centres and 55 health posts had been destroyed or forced to close. Health workers can no longer reach outlying villages, programmes for vaccinations have been disrupted, and diseases such as malaria and measles are once more on the increase. Surgical gloves and syringes are being washed for re-use due to lack of basic supplies. In some hospitals there is more than one patient to each bed.

Our Contribution: An Appeal for Medical Supplies

The Nicaragua Health Fund has asked health workers to appeal for outdated sterile supplies (e.g. needles, syringes) which are no longer usable by the N.H.S. but are desperately needed in Nicaragua where supplies are virtually unobtainable. The Guy's Hospital Issues in Health Group, in collaboration with other health workers, has collected outdated supplies and unwanted equipment from hospitals all over London, including Guy's. These supplies are worth thousands of pounds at new value, and are now on their way to Nicaragua where they will be put to essential use. The Guy's Hospital Issues in Health Group would like to thank all those who collected supplies and helped with organising the campaign. New members of the Group are always welcome – contact Jenny Keen or Tricia Bohn via Boland House.

Royal Visit to the Paediatric Russell Brock Ward

On Wednesday, 30th September, the Princess of Wales came to the Hospital to perform the official opening ceremony of the paediatric intensive care unit – the Paediatric Russell Brock Ward.



The Princess of Wales unveils the commemorative plaque with Mr. Peter Barker, chairman of the District Health Authority

Between 1977 and 1983 there was a steady increase in the number of operations performed each year at Guy's on infants and children, but the extent to which this could be further increased was limited by the availability of intensive care facilities. During this time, two beds were provided on Russell Brock Ward for the post-operative care of children and infants, following cardiac surgery. However, with the increasing demands on the service, this created an effective bottleneck, which restricted the ability to accept emergency cases whilst providing an efficient service for planned paediatric cardiac surgery. A number of options to create a dedicated children's intensive care unit on Russell Brock Ward were considered and, in 1984, Dr. Michael Joseph was able to stimulate the interest of the Sportsman's Aid Society into funding the capital cost of building and equipping a unit, which would double the size of the accommodation provided.

The Sportsman's Aid Society raised over £200,000 to finance the construction and equipping of the new unit. Princess Diana opened the Unit and also visited Rothschild Ward (paediatric cardiology) where she spoke with patients and their parents.



Royal Visit to the Newcomen Child Development Centre



The Princess Royal opening the Newcomen Centre, with Mr. Peter Barker chairman of the District Health Authority

History of the Newcomen Centre

Twenty-five years ago, the Newcomen Centre was set up at the request of Dr. Ronnie MacKeith by Guy's Hospital with considerable help from the Spastics Society. At that time, there were no comprehensive facilities for handicapped children, and the Newcomen was the first centre to provide such services. The work of the department has expanded greatly over the years, and the Newcomen has been the centre that people have come to from all over the world for training and ideas on how to start up their own service.

The original service was housed in an old public house at the back of Guy's Hospital. The Elizabeth Newcomen school and its Educational Foundation very kindly provided space in their old school for expansion. Originally, child neurology was only a small part of the work, but over the years three paediatric neurologists have been appointed at the unit and it is now the regional centre for paediatric neurology providing an in-patient and out-patient service.

During this time, specialist paediatricians with knowledge of movement disorders, hearing and vision, have been appointed. These, with the therapists, provide a co-ordinated and comprehensive service.

The consultant community paediatricians and district therapists provide a service for the assessment and treatment needs of handicapped children within the Lewisham and North Southwark Health District. Children with all handicaps are seen at the Centre, including those who are blind, deaf, have cerebral palsy, spina bifida, mental handicaps and epilepsy. The therapists provide much of the service in parents' homes and at day nurseries and schools. Special aids can be provided or be made in the Newcomen workshops.

A specialist regional service for children with complex neurological problems is provided for the whole of the South East Thames region. The Newcomen Centre is one of the leading centres for teaching, both of doctors and therapists, which is an important part of its work.

Research projects currently in progress include a Medical Research Council epilepsy treatment project, the management of bladder problems of children with spina bifida, intensive care for severe brain injury, and language outcome following severe brain injury.

The New Building

The new Centre has been purpose-built within the Hospital grounds. The cost of the building was £875,000, which was provided jointly by the Special Trustees of Guy's Hospital and the District Health Authority. It was equipped by generous donations from the Newcomen Education Foundation, the Variety Club, individual donors, the medical students and the fund-raising efforts of local parents.

As well as providing rooms for paediatric assessment, there is a special audiology suite, a lecture theatre for teaching, and workshop facilities. The building is the base for the paediatric neurology service and the district handicap team.

The Royal Visit

The Princess Royal visited the Newcomen Centre on Monday 12th October for the official opening ceremony of the new building. The Director of the Centre, Dr. Brian Neville, together with Dr. M. Lynch, Senior Lecturer in Community Paediatrics, took the Princess on a tour of the building where she was able to observe a group speech therapy session and a conductive education therapy session. She was given a demonstration of the use of computer aids for communication in cases of severe physical handicap. The Princess Royal also visited the audiology suite where she observed the audiological assessment of a 3-year old child with severe deafness.

At the end of the visit, the Princess Royal unveiled a commemorative plaque.



The Princess Royal, with patients and staff at the Newcomen Centre



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Heart Transplants: Is the Donor Really Dead?

by **Thomas Dent**

London Medical Group Executive for Guy's Hospital

Those of you who saw the Alan Bennett play "Season's Greetings" on television last Christmas will remember the final insult heaped on the incompetent doctor brother-in-law. A character is apparently shot, our hero wields his stethoscope and makes a diagnosis of death, whereupon the victim revives, the gun is discovered to be loaded with blanks and the hapless medico – no doubt a St Thomas' graduate – hangs his head in shame.

Diagnosing death with certainty is not as easy as one would think. The brand-new houseman, summoned by Sister on 1 August, has little difficulty with a pale, cold, stiffening, pulseless cadaver already more reminiscent of the dissecting room than the patient he was treating, sadly without success, a few hours earlier. The patient is plainly dead, but cannot be an organ donor, since the organs are no longer viable. On the other hand, consider the pink, warm, well-perfused, unconscious, respirator-dependent young man in the Intensive Care Unit, the victim of a motor-cycle accident. His organs are in prime condition, and would give a fresh lease of life to several recipients, but is he really dead? Physicians of far greater experience and eminence than our novice houseman have wrestled with that question, and wrestle still.

How unsettled the question is became obvious at the first of this year's London Medical Group symposia to be held at Guy's, on 8th October. The first speaker was Dr David Wainwright Evans who, as a consultant cardiologist at Papworth Hospital, might be expected to toe the party line. Instead, he presented a thorough critique of the neurological criteria used in the diagnosis of brain death, which really means brainstem death. There are four conditions which must be met: unconsciousness (a score of zero on the Glasgow Coma Scale), respirator dependence, loss of some brainstem reflexes, and independent evidence of an intracranial pathology sufficient to cause brainstem death. The patient must be at normal temperature and have no history of drug intake which might have led to coma. Dr. Evans argued that patients can fulfil these criteria and still be alive: they may still have EEG activity, they may have good flow in the middle cerebral artery and they must have intact vasomotor centres maintaining cardiac output and blood pressure to be useful as donors. Herein lies one of the problems: if the patient is allowed to deteriorate, with falling blood pressure and diminishing peripheral perfusion, or if the respiratory centre is challenged with arterial hypoxaemia, then the donor's organs lose their viability. How do you prove the patient is dead without allowing him to die?

A common sense answer would be to postulate a grey zone of dying, between life and death. Dr. Evans cited a man beheaded in a ritual

execution. As the head rolls down the scaffold, consciousness probably persists: the cerebrum can survive up to ten seconds of non-perfusion before consciousness is lost. Similarly the body is alive, with blood spurting from the carotids to prove it. Is the man dead or alive? Dr. Evans concluded his rather macabre example by saying that a miraculous reconnection between head and body would lead to restoration of normal life, so the man, while dying, is not yet dead. He is, however, in the same state as those "brain-dead" on ventilators: certain to die, yet exhibiting signs of persisting life. As you view the executed man as dead, or alive but not for long, so you will consider the "brain-dead" as really dead or, as Dr. Evans sees it, still alive.

The second speaker was Dr. Grant Gillett, who has somehow managed to become both a neurosurgeon and a Fellow in Philosophy at Magdalen College, Oxford. He took a more sanguine view of the soundness of the brainstem death diagnosis, and displayed the philosopher's ability to juggle words and ideas faster than the medical mind can follow, which has often confused LMG audiences in the past. His conclusion was that the brain-dead patient had lost so many of the characteristics of personhood that he could be regarded as "really dead" and his organs harvested. His clinical experience showed that relatives understood that the essence of their loved one had gone, and no further treatment or support was worthwhile.

Finally came Dr. Donald Gould, a medical journalist from Cambridge. Dr. Gould knows many of the consultant anaesthetists at Addenbrooke's Hospital where Professor Sir Roy Calne is pioneering liver transplants. Dr. Gould claimed that there, and at the ITU of the Norfolk and Norwich Hospital, the criteria of brain death are sometimes not strictly followed. Pressure is put on the physicians and anaesthetists to provide donors, and they comply. He alleged that six of the Addenbrooke's anaesthetists will no longer work with the transplanters, as Sir Roy's team are somewhat sinisterly dubbed. However, anyone who knows hospitals will accept that scientific disagreement is less common as a reason for refusal to co-operate than professional jealousy, misunderstanding and personality clashes. Largely hearsay, and sometimes reminiscent of those bodysnatcher horror films, his address was difficult to evaluate.

This complex issue can be reduced to two questions: are the criteria satisfactory, and are they being applied properly. The answer to the first depends on the prognosis of untreated brain death: if such patients revive and regain lost neurological function, even consciousness, then clearly they were never "really dead", and we need stricter criteria, or should scrap the concept of brain death altogether. Mr. Koffman, renal transplant surgeon here at Guy's, spoke from the audience on this point and cited papers covering 1300 brain-dead patients whose organs had not been harvested, but who had remained on ventilation. They all suffered cardiac arrest in the end and really died, by anyone's criteria. However, Dr. Evans claimed that the brain death criteria in these cases were stricter than those used routinely now, and the evidence therefore inapplicable. This seems to me a crucial point, since the presence or absence of function in any given

medullary nerve centre, flimsy anatomical entities at the best of times, is only of significance if it determines whole brain viability.

On the second question, whether the rules are followed, truth is even harder to come by. Part of the problem is a confusion about what brain death actually means: the whole brain has ceased to operate, all brainstem reflexes are absent, some but not all are absent, or there is no prospect of recovery. There are sporadic reports of anaesthetists observing a rise in pulse rate and blood pressure as the incision to remove donor organs is made, just as happens when a healthy patient is inadequately anaesthetised, and many anaesthetists now administer a general anaesthetic to avoid this distressing sign of "life", which presumably means that some part of the brainstem is responsive. No wonder they decide not to get involved. The transplant surgeon's mind is concentrated on his own patients, suffering from the effects of chronic renal or cardiac failure – perhaps the niceties of the donor's prognosis are something he does not care to consider. Yet where so much is at stake, and the professional supremacy of the high-tech transplanter and his shroud-waving supporters is difficult to resist, the profession needs to protect those trying to enforce the criteria.

To conclude, there are a lot of unanswered questions lying behind the naively simple one "Is the donor really dead?". There is the philosophical issue of when a person acquires and loses whatever attribute it is that confers personhood, and how to integrate that with our treatment of the early human embryos we experiment on, the fetuses we abort and the demented elderly we strive to keep alive. There is the neurophysiological issue of whether we have found the right way to assess the results and prognosis of intracranial catastrophe. There is the moral question of whether we are lying when we tell our patients' relatives "It's not John, he's dead. This is just his body", the legal one of defining death and the professional one of who is controlling the diagnosis. This story will run and run.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are November 18th and January 13th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

McGlade and Ward

(With apologies to D. Barthelme)

Radio: Will you take me across the Channel/London Bridge is falling down

...

M: Is it really falling down?

W: The bridge? I hope not.

M: Maybe ever since that navy chap hit it with the destroyer ... ?

Pause

M: I was over there last weekend, across the Channel.

W: How was it?

M: A bit rough, the kid next to me was seasick.

W: No, I meant France.

M: Quite nice, really. Tried desperately to remember my A-level French, without much success. Had a fantastic meal. Did a bit of shopping.

W: *Boulangerie, patisserie*, hypermarket, that sort of thing?

M: Didn't actually see the hypermarket, although it's there somewhere. In the centre of town are lots of nice little shops. One full of enormous cheeses.

W: The *fromagerie*.

M: If you say so. And wines, of course, and the butchers.

W: Lots of "*Bonjour m'sieur*" and "*Merci m'sieur*".

M: Saw this absolutely stunning French girl, must have stepped out of a modelling session.

W: I think they all look like that.

M: Not like this one. Anyway this French chap and his wife, he was looking at this girl –

W: Most natural thing in the world, at least in France.

M: And his wife tugged at his jacket and said, or rather hissed, "*Assez!*" So guess what the husband said?

W: What?

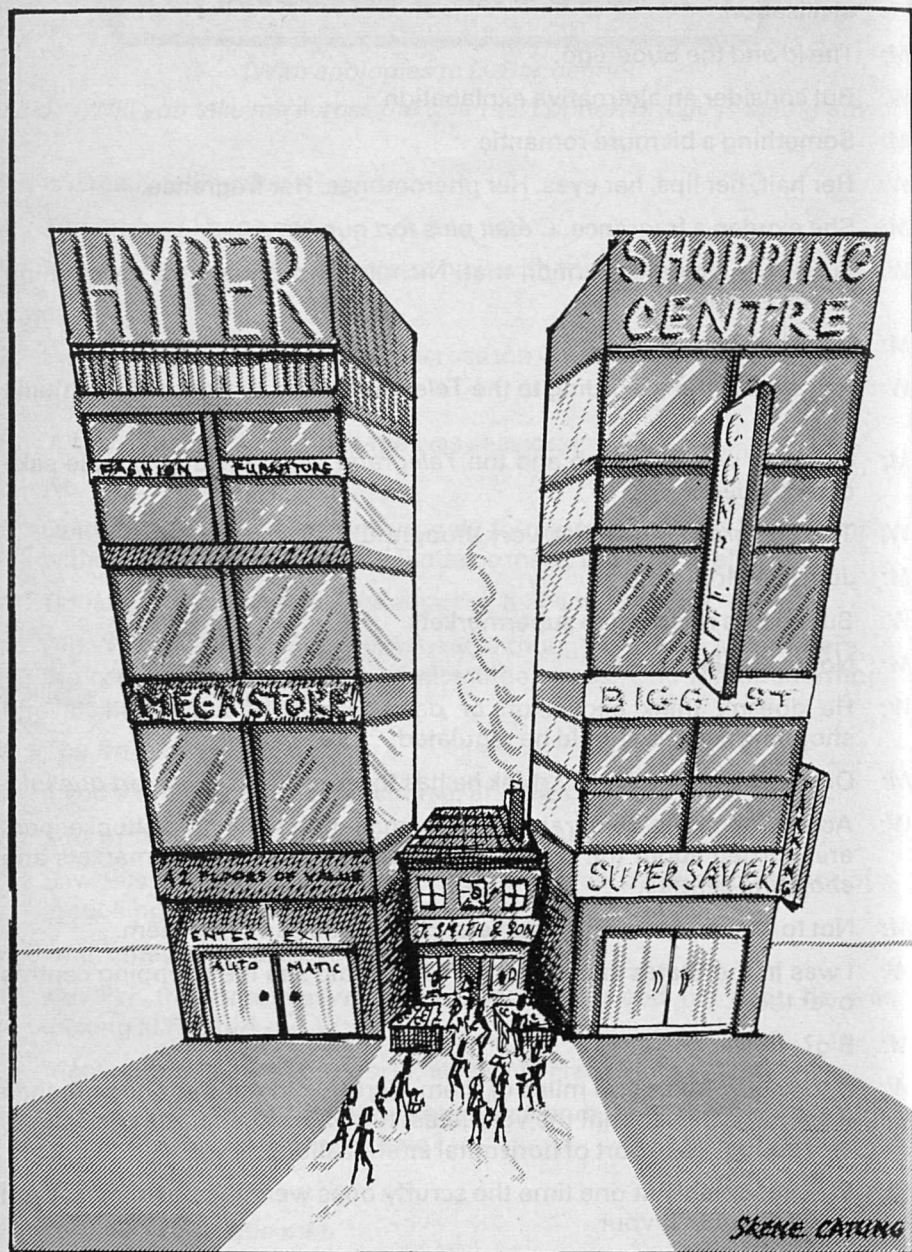
M: "*C'est plus fort que moi.*"

W: Just like in the movies.

M: Or the books. But he said it with a grin. And then he kissed his wife.

W: A real French kiss.

- M: Making up for temporary surrender to the primal forces.
- W: The eternal forces of lust and passion held tenuously in check by civilisation.
- M: The Id and the Superego.
- W: But consider an alternative explanation.
- M: Something a bit more romantic.
- W: Her hair, her lips, her eyes. Her pheromones. Her fragrance.
- M: She exuded a fragrance. *C'était plus fort que lui.*
- W: Funny you should mention that. Nicholas Ridley said the same thing the other day.
- M: In French?
- W: No, at least not according to the *Telegraph*. "It is a stronger force than I am."
- M: Maybe it was in French and the *Telegraph* just translated for the sake of its readers.
- W: The *Telegraph* is like that, very thoughtful.
- M: Just like Mr Ridley.
- W: But he was referring to supermarkets.
- M: Not to that French girl?
- W: He doesn't think expansion or development of supermarkets and shopping centres should be regulated.
- M: Or maybe he just doesn't think he has the force. *C'est plus fort que lui.*
- W: According to the *Telegraph*, lots of small merchants and shopkeepers are worried about the competition from these new supermarkets and shopping centres.
- M: Not to mention the hypermarkets. Even if you can't find them.
- W: I was in the States last summer. You should see the shopping centres over there.
- M: Big?
- W: *Enormous*. Miles and miles of them. Scruffy old ones at one end, then newer and newer until the very latest full of the posh up-market stores and boutiques. A sort of horizontal stratification.
- M: But presumably at one time the scruffy ones were the posh ones. Until they fell out of favour.
- W: The fickle public. The hands of time.
- M: The short attention span of the generation weaned on television.
- W: They have whole journals devoted to shopping centres in America.



Pause

M: And what about the shopkeepers?

W: Which ones?

M: You know, the fruit and veg, the bakery, the *fromagerie*, and so forth.

W: Didn't see any. Of course, we were in the car.

M: Just about live in the car over there, don't they? Drive-in movies and drive-in banks.

W: Drive-in funeral parlours.

M: All very twentieth-century. None of this old-fashioned small-town butcher, "Morning guv," or "How are we today, Mrs Andrews?"

W: The force was too strong for them.

M: But what does it matter?

W: What?

M: Mr Ridley and the shopping centres. English heritage by the wayside. They are bloody convenient you know.

W: Drive right up. Everything in one place. Just bung it in the shopping trolley.

M: The new laser beam at the till. Don't even need a price tag any more. Just a bunch of stripes.

W: Couldn't even find the price tag if you wanted to.

M: They say they'll tell you if the laser makes a mistake.

W: Everything ever so much more efficient. Cheaper, too.

M: The wife on the way home from work. The two-career family.

W: She doesn't have time for the "Morning, madam."

M: The "*Bonjour, madame.*"

W: The "*Merci, madame.*"

M: Still, the march of progress and all that. And they're cheaper.

W: We mustn't be wedded to the past and that sort of thing.

M: And they're clean.

W: Who?

M: The shopping centres. A place to sit down and chat.

W: A place to buy a meal.

M: Buy anything. To your heart's content.

W: Just whip out the old Barclaycard.

M: The Access.

W: Safer, too. Security guards everywhere. They call them "Rent-a-cops" in the States.

M: Keep an eye on the kids.

W: The punks.

M: The ones who aren't really there to shop.

W: The old people.

M: They need a place to sit down and chat.

W: Or buy a bite to eat.

M: Or just sit.

W: Well, maybe. They're not exactly on the village green.

M: No hanging about and gossiping.

W: Loose lips sink ships. Or something like that.

M: It's not the corner shop with old Miss Higgledy any more.

W: No, it's not.

Pause

W: But does it matter to us? *Medically*, I mean.

M: I suppose, purely hypothetically, if you believe that one's social environment can affect one's health, or emotional well-being, that sort of thing . . . Sociological medicine one might say.

W: Or medical sociology. But they are cheaper, you know. The hypermarkets.

M: *Check our prices. Our prices are lower. Great value on this item.*

W: Terribly convenient, too. Just in the centre of town.

M: The town centre, as it were.

W: Sometimes a bit further out. Just hop in your car. Plenty of parking.

M: I don't have a car.

W: The bus then. Support your local public transport. The savings at the hypermarket will pay for the bus fare.

M: The privatised bus fare.

W: Mr Ridley again. It was a stronger force than he.

Pause

W: It's important to remember the price of things.

M: I think so.

W: How much was it to go over to France, then?

Founding Days of Physiology at Guy's Hospital Medical School: Part II

by **Caroline Richmond**

*History of Medicine Unit, Anatomy Department,
University College, London*

In 1892 Starling published his *Elements of Human Physiology*; it had gone into its 8th edition by 1908; (his larger and better-known *Principles of Human Physiology* wasn't published until 1912). By 1896 Starling and his colleagues fitted the lab up with the latest equipment:

For Class

Gearing for 6 drums	£15.00.0
6 Drums	36.00.0
6 Coils	30.00.0
6 Mercury Keys	1.16.0
6 Commutators	1.10.0
6 Muscle and Heart Chambers	6.15.0
6 Time Markers	7.04.0
6 Plug Keys	1.10.0
12 Simple Stands	1.16.0
Putting on High Pressure Water	5.00.0

For Lecture

1 Oncograph	2.10.0
1 Waller's Respiration Apparatus	3.10.0

Despite his efforts for the department, Starling was far from happy, with a heavy workload and a small pittance granted for a year at a time. On 16 March 1895 he wrote this letter to the Dean:

107 Clifton Hill, NW.

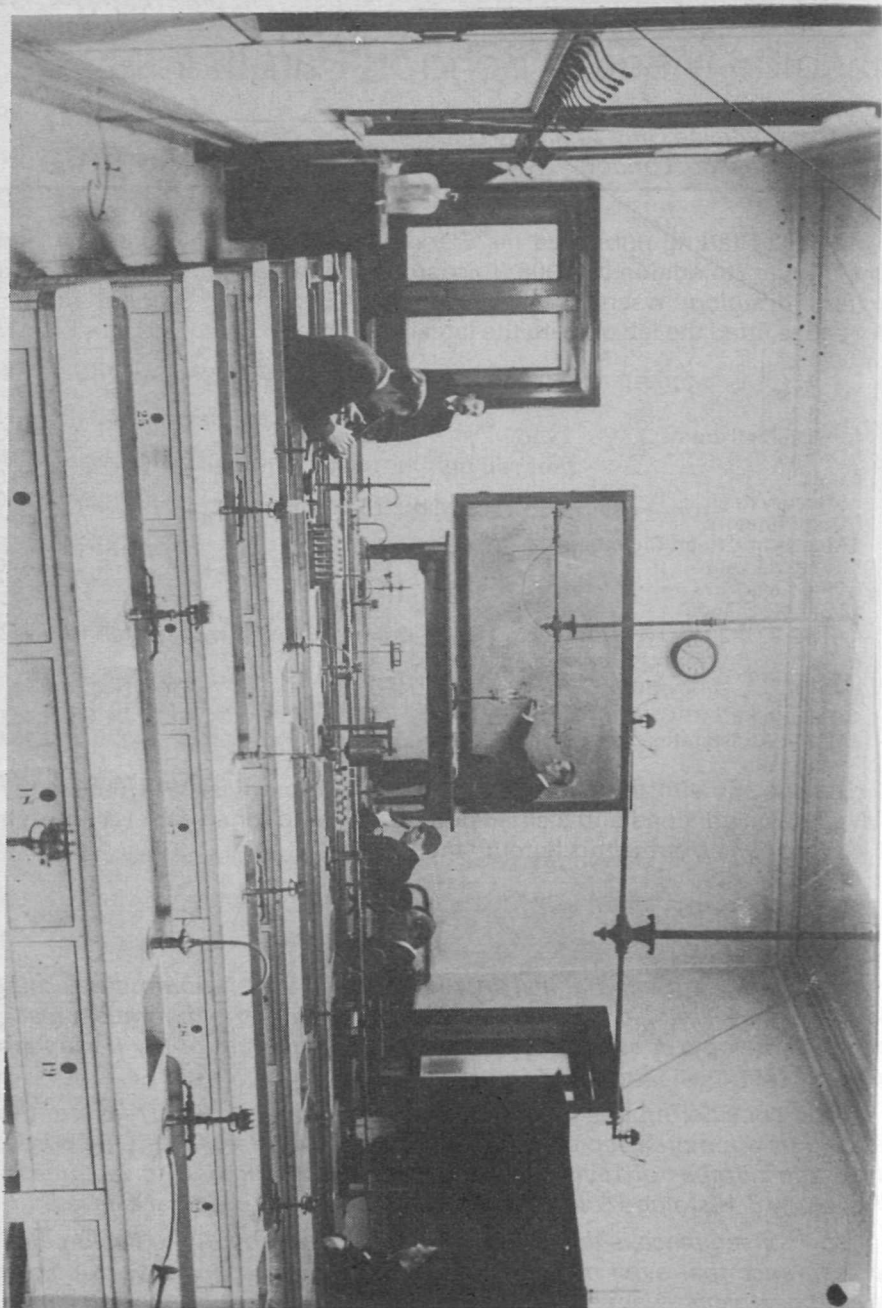
Dear Dr. Shaw

You will remember that last year I wrote to the Staff Committee urging on them the desirability of uniting the practical with the theoretical teaching of Physiology, & asking for some definite statement of my permanent prospects at Guys.

After considering this letter it was recommended to the Treasurer that I should be appointed senior demonstrator for two years – with the burden of a large number of revision classes to give in addition to lectures on Physiology & Histology & the elementary & advanced practical classes.

The consequence is that at Guys I do not make enough to live on, have no assurance that even my present inadequate income will be continued beyond next year, & am so burdened with the drudgery of revision classes that I have little time or energy left for original work.

Some recent events have made it extremely important for me to know, as soon as possible, whether I am to look on my position at Guys mainly as a stepping stone to better posts elsewhere, or whether the staff & school



The old physiological laboratory

will make such changes in the department as would provide me with a modest but adequate income, with a proper control over all the teaching of Physiology, & freed from the revision classes for the various pass examinations.

These results might be attained by appointing me sole lecturer on Physiology with charge of the practical classes & of the teaching generally, & by the appointment of a demonstrator to look after the revision classes at present taken by the senior demonstrator.

Believe me dear Dr. Shaw

Yours very faithfully

(signed) Ernest H Starling

Alas for Starling, the Medical School Committee adopted a report which recommended there be two lecturers and three demonstrators. However, two years later he was joined by an able second demonstrator:

The College, Guy's Hospital, London SE.

June 19th 1897

My Dear Sir,

I beg to make application for appointment as Demonstrator of Physiology.

I would ask at the same time to be excused from continuing the duties which I have hitherto performed as Demonstrator of Chemistry.

My teaching work under the latter had comprised: (1) Practical and Revision Classes for the Chemistry of the 1st conjoint examination (2) Practical Classes in connection with the Chemical Side of the Public Health Course (3) Assistance to Dr. Stevenson in the Practical course of toxicology.

I am anxious – if it will suit the convenience of the school – to be relieved of the work comprised under the first two of these divisions; and am, of course, prepared to accept whatever alteration in my remuneration may be thought proper under the circumstances.

My desire for this modification in my appointment arises, first from a sense that I have been unable to carry out the work (& especially the Public Health Course) with full efficiency. The recent increase in the Public Health Class has, I think, made the actual amount of my work somewhat larger than was foreseen when I was first appointed; but apart from this I have found that of late that certain classes on the chemical side are apt to clash with others upon the physiological; in cases where I have no voice in the selection of the hours.

A further reason for my request is the fact that I believe it to be necessary for my future that I should devote some time to research work; and I have found it impossible to do this, not so much on account of the bulk of work which has fallen to my share; but because owing to the composite nature of my duties the working day is broken into short sections so as to leave no useful leisure.

I should be most grateful therefore if it should prove possible for me to be reappointed as Demonstrator of Physiology only, but with the understanding that I am both willing and anxious to continue to assist Dr. Stevenson with the teaching of Toxicology.

I am Sir, Yours very faithfully,
(signed) Fred G. Hopkins.

Starling and Washbourn shared the lecturing until 1898, when Washbourn effectively stood down:

*Re Physiology Lecturer.
6 Cavendish Place, Cavendish Square, W.
Feb 8th 1898*

My Dear Shaw,

I want you to ask the Medical Staff to allow me to transfer a portion of my lectures to Dr. Starling, allotting him a due proportion of the remuneration. I have spoken about this to Dr. Starling and understand that such an arrangement would be agreeable to him.

My reasons for wishing to transfer a portion of the lectures are two-fold. In the first place I think that certain parts of it would be better lectured upon those who are in charge of the practical classes. I refer to such objects as the chemical composition of the urine, digestion, etc; where the lecturer ought to supply a knowledge of the part of the subject contained in the practical course. Secondly, I think it will be beneficial for the school to have ultimately only one lecturer on physiology, who devotes all his time to the subject. The gradual transfer of my portion of the lectures to Dr. Starling would effect this object. I may say that the policy I am advising is one adopted by other medical schools.

*Yours sincerely,
W. Washbourn.*

Hopkins and a Dr. Fawcett shared the demonstrating until, at the same time that Washbourn stood down, Fawcett left and two bright young physiologists, A. P. Beddard and E. S. Spriggs, joined; both were paid a share of the total fees. Beddard, from Trinity College, Cambridge, became a physician to Guy's, and Spriggs remained a physiologist.

In 1899 Starling went to University College as Jodrell Professor of Physiology, a post he held until shortly before his death. On 26th May 1900 the *Gazette* gave this testimonial to Dr. Starling: "an inimitable lecturer . . . lectures full of sparkle and light . . . of his many discoveries, perhaps the best known are his theory of lymph formation and detailed knowledge of the mechanism of peristalsis."

Starling had at least one more formal connection with Guy's. Carleton Chapman's biography of Starling (*Ann. Int. Med.*) says

In 1920 Starling undertook an academic mission to India and while there contracted malaria. On the return voyage he developed symptoms of intestinal obstruction and, on

June 9, 1920, he underwent abdominal surgery by Sir Arbuthnot Lane. A hemicolectomy was performed, presumably because of neoplastic obstruction. The Physiological Society (July 10, 1920) passed 'a note of sympathy' and expressed their hopes for a prompt recovery. The patient did recover, but it was months before he was able, at long last, to return to laboratory work, this time with Anrep, Verney, and many others.

Starling's illness returned in 1927 and he was depressed. He was sent – with his secretary – on a recuperative cruise but drowned himself in Kingston harbour, Jamaica, on 2nd May 1927. He was buried in Kingston, and the Physiological Society still maintains his grave.

Acknowledgements

I thank Professor Tim Clark, Dean of U.M.D.S., for his encouragement and for permission to quote from the minute books of this period, and Mr. Andrew Baster, Assistant Librarian, for his helpfulness. Most of the work for this article was done while the author was on a scholarship from the Wellcome Trust.

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Clinical Medicine

by Sue de Monas

Nature Notes

So – the new age of morality returns. Amongst the rustle of crisply creased, new white coats, the mournful hunting cry of the rare species *Clinicus virginalis* can be heard echoing along the twilight shadows of the basement link corridors. I have been making a small study of the species and my conclusions are thus:

Their natural habitat revolves around two areas. Firstly, and more frequently, the damp, boggy and distinctly unsavoury terrain known as Redlino, in which an even rarer creature known as the Fastbarman also nests. In fact in my expert opinion, this latter animal is now completely extinct.

Secondly, and at higher altitude, there is the rather cramped, dry, monotonous habitat which *C. virginalis* shares with a crane. The sweeping landscape of this area is dominated by the northern oxygen bay. The relevance of this geographical landmark to the life cycle of *C. virginalis* is still open to question. (Answers on postcards please).

Scientific counts using both hands have shown that there are roughly 100 members of the species. Their breeding habits are ambiguous. Annually, both the males and females spontaneously reproduce and a new generation of *C. virginalis* is produced. This usually happens in the Autumn. The gene pool at this stage can be affected by outside influences. However, as well as this, there are frequent attempts at procreation throughout the year (see the Bore Report).

The lifespan of *C. virginalis* varies but always finishes after the annual spontaneous reproductory phase. After this they rapidly metamorphose into the new species – *Clinicus boringgoldfartus*. Beyond this their life is doomed.

Fashion and Beauty

IN: Empty white coat pockets
Prontaprint name badges
Littman cardiology stethoscopes
Rolled up white coat sleeves
Guy's Anaesthetic Seminars

OUT: White coats in the George (come on!!!)
Neurology pins in coat lapels
Slacking off
Zippy's haircut
MDU/MPS Clipboards

This Month's Quote

"I don't like teaching virgins . . ." (A Senior Registrar)

Dental Notes

A bonus for dentistry at Guy's is the harmony between teaching and service needs. University and hospital share the common need to train dentists and auxiliary staff who will work together for the good of their patients. We have a long tradition of blurring the differences between academic and health service employees. The secret has always been to seek only the best in our terms and conditions of service for everyone and not to provoke friction by disparate rewards in a common area of work.

Unfortunately the same cannot be said between different employing health authorities. Recently an advertisement for a dental technician vacancy at Guy's appeared beneath a similar advertisement for a like post at King's. The salary however was very dissimilar. Two and a half thousand pounds more for working at King's seems to indicate they must be even more desperate than we are in the recruitment stakes.

Dental Directory

Copies of Guy's Dental Directory 1987 are now available. The cost of the Directory is £3.50 plus 50p postage. Cheques made payable to 'UMDS' should be sent to Mrs. R. A. Geffen, School Office, United Medical and Dental Schools of Guy's and St. Thomas's Hospitals, London Bridge, SE1 9RT.

Freshers Fifty Years Ago

Four Guy's Men, Messrs. T. Woodward, N. T. Scott, W. Sanders and W. J. Pitt Ford are celebrating their arrival at Guy's in 1937. There are not many reunion dinners any of them has missed in all that time. They are already making preparations for that special centenary celebration of the Dental School in 1989. Your 1988 diary will have a forward planning section for the following year. Be sure to mark it in the reminder.

Congratulations

To Professor Frank Ashley who became Sub Dean of Dental Studies from 1st October. Dr. Stephen Challacombe, now Head of the Department of Oral Medicine, Pathology and Microbiology, set a high standard which Frank will undoubtedly build upon.

To Professor Derek Neill on whom has been conferred the title of Emeritus Professor of Prosthetic Dentistry.

To Mr. Mark Shimmin who won the British Society of Periodontology undergraduate essay prize of £200. His subject was the diagnosis of periodontal disease in patients of differing age groups in the ideal general dental practice.

Thanks

To Johnson Biotechnology who have made a grant of £133,300 for one year to Professor Lehner to pursue experimental work with synthetic peptides and monoclonal antibodies.

To the Sir Jules Thorn Charitable Trust who have made a grant of £53,357 over 3 years to Dr. Challacombe and Profesor Hubert Newman at the Institute of Dental Surgery, for a study entitled "Identification of Bacteria in Plaque at the Advancing Front of the Lesion in Chronic Inflammatory Periodontal Disease".

To the PHLS Centre at Portdown who have made a grant of £56,759 over three years to Dr. S. J. Challacombe and Dr. P. D. Marsh for a study of age related changes in specific and non-specific oral immunity in relation to normal and pathogenic oral flora.

To the MRC for grants totalling £15,637 which have been made to Dr. T. H. Grenby for the academic year 1986/87 for continuing studies into nutrition and dental caries.

No Thanks

For the continuing lack of indicator lights in some of the lifts to the Robens Suite.

Michael Maberley

Physiotherapy

Following their survey of radiography manpower planning and training needs, S.E. Thames Regional officers have now produced a consultation document about physiotherapy. They ask for comments by the beginning of January and they expect to present report and response to the RHA shortly afterwards.

The root of whatever problems have been elicited lies in a refusal by the DHSS to concede that central funding for physiotherapy training is logical and just, their argument being that the policy is one of decentralisation to the Regions. That being so, the Regions have to find the funds for the Schools, and if they have three Schools, as has ours, or five, as has the West Midlands, or none, as has S.W. Thames, so they have or have not to divert money from more immediate clinical purposes to an investment in the future.

The notional RAWP protection which SETRHA had applied to educational funding has anyway ceased to exist, so now – if not before – there is the potential for straightforward competition at District level between service and educational needs.

The Region's somewhat dubious statistics show it to be a "net exporter" of physiotherapists. By that it means that more move out of the Region, newly-qualified from the three Schools plus those in post who are moving to another job, than start employment in the Region, again derived from the three Schools or immigrants from elsewhere. This constitutes, it is claimed, an overproduction of the newly-qualified as well as a failure to retain staff in post. Consequently a reduction in numbers in training and an improved rate of retention are at the heart of the Report's recommendations.

Unfortunately for us, it looks as though the first of these will be easier to achieve than the second. Retaining, or attracting, staff by offering inducements, such as cheap mortgages or low-priced accommodation, is not likely to be the chosen path as it hardly harmonises with what is at bottom a cost-cutting exercise. Presumably, individual District Physiotherapists and their superintendents have already done what they can to provide a congenial working environment in which junior staff can thrive and develop, so there would not be much obvious ground to be gained there. However, despite these discouragements, the Report's objective is to jack up the retention rate by more than 250 per cent in the short term and by an incredible 450 per cent in the future.

It is on these forecasts, that it envisages the three Schools – Guy's, King's, St. Thomas' – reducing their intake to little more than half the present figure, and positively discriminating in favour of students whose home is in the Region, with the expectation that they will return there to work and not be tempted across the river to the North East and North West, nor drawn westwards to the South West Thames Region. It is even intended to investigate tying bursary-awards to the condition of returning to work in the Region, thus reverting to a system abandoned as unworkable and unenforceable twenty years ago.

An amalgamation of two Schools and their transfer to a London polytechnic, and the despatch of the odd man out to another polytechnic on the south coast is the preferred fate for the three of us, with faces set firmly against the development of first degree courses, even though these may be recommended elsewhere. It makes depressing reading for those of us who believe in professional autonomy and training in a medical environment.

Ronald Cooper

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Recruiting Nurses

As I walk across the hill that looks down upon Guy's Sports Field I detect a distinct autumnal hint in the air; the field itself is wreathed in a swirl of early morning mist. The club house and Stillness School look as if they are wrapped in cotton wool, the whole scene presents a surreal picture of life, far from what it really is, and as I descend toward the station, I come down to life and on to work with a bump.

Thus turning to the subject of recruiting nurses, I discover a learned document has appeared, on the issues affecting recruitment, from the English National Board (successor to the GNC – for those who trained in an earlier epoch). This report is largely feedback from careers officers, who advise youngsters on their choice of a job for life. Nursing, according to these reports, is an unpopular choice for a variety of reasons.

The educational requirements, six 'O' levels, are high enough for many who attain them to consider alternative occupations that offer more attractive salaries, less unsocial hours and better prospects. Others, who have different educational qualifications, such as City & Guilds, but who would like to take up nursing, find problems in applying for training.

Nurses are often the worst advocates in encouraging friends or relatives to enter the profession, according to this report. Expressions such as "train as anything but a nurse – you're everyone's dogsbody!", "look for a more sensible career", are quoted. If someone has a relative in nursing it is alleged, they have already witnessed a lot of dissatisfaction. The plight of the NHS, which has been a frequent headline in the media, and Project 2000 with its implication of a change in training, have also both had a negative affect on recruitment.

As I commented in a previous column here, there is a shortage of nurses in London now, but this is likely to become more desperate if recruitment falls. Careers officers find that the stands provided by the ENB at careers events have a diminished interest displayed in them compared with police and army stands.

Our contemporary, the *Nursing Standard*, has taken on a new lease of life: it was the free monthly paper of the RCN, it is now a glossy weekly sold on the news-stands. Its first issue, after three free trial numbers, contained a Harris Poll, which found that over half of all nurses have thought about quitting in the past year. Maybe this is a rather dramatic way of saying what we all know. At the end of a harassing day many of us probably think we've had enough at some time or another. Nevertheless it also emphasized what careers officers found: over half of Britain's nurses would not recommend the profession as a career to a friend or relative. Almost nine out of ten nurses were dissatisfied with the recent pay increase, and many nurses were pessimistic about career prospects.

While there is great public unhappiness about the state of the NHS, and also pessimism from the point of those seeking to recruit nurses, as well as current unease from those already nursing, it may come as no surprise to find an independent review has found corroborating evidence. The St. Michael's Organization states that over the past decade, although the numbers of administrative and clerical staff have increased, the number of ward sisters has actually fallen. As I walk home up the hill in the evening, feeling a lot more tired than when I descended, I reflect across Guy's field, all of which is now clearly revealed. Can there be any connection between all these figures? Why is nursing apparently so unattractive; why do those in the job often regret it; and would *you* recommend nursing to your brother or niece?

Denis Cobell

Correspondence

Family History

Dear Sirs,

I note in your *Passim* in the *Gazette* of September 1987 that you state "There is great affection for our hospital and school among ex-Guy's people." I am sure that this is true for those of us who were at Guy's in the 1940's. At this time we were a very close knit community and we were proud to be part of the Guy's family. However the hospital has now grown out of all proportion and I think that, sadly, the family atmosphere has gone. One of my Juniors who had just come up from Guy's said to me recently, "There is no longer any feeling of family or even tradition at Guy's. I was pleased to get away from it." This may not of course be the feeling of Guy's students generally but I feel that you should do all that you can to revive the Guy's spirit.

Yours sincerely,

Dr. G. CANTY,
Consultant Anaesthetist Emeritus,
Chesterfield Royal Hospital.

Bernard Lilwall

Dear Sirs,

May I add a few words to the obituary of Bernard Lilwall DSO and bar. I visited him with another Guy's man, R. O. Yerbury, from a Field Ambulance which was nearby. His Forward Surgical Unit was then established on a pass through the hills which divided the Arakan, known to the troops as the Nock-ydock. This was in 1943. We congratulated him on his work since it was clear that without his presence many would have died. He replied "it's only carpentry". He was the highest decorated Medical Officer in the last war - decorations which were well earned and deserved.

Yours faithfully,

Dr. D. W. MAYMAN,
Orchard Close,
8 Keresforth Hall Road,
Barnsley,
South Yorkshire.
S70 6NF

The Army offers medical students much more than just £6,376 a year.

If you are a student, male or female, at a British medical school, you could be eligible for a Cadetship with the Royal Army Medical Corps.

You'll need to have passed your second MB or equivalent. And you'll be required to attend an Army selection board.

But you'll get £6,376 to continue your medical studies in the first year. This increases each year thereafter.

When you become Fully Registered, to prepare you for your first appointment as a Regimental Medical Officer, we will send you on an introductory course which lasts about four months.

This course includes training at Sandhurst, training in administration and field medical organisation at the RAMC Training Centre and in the various aspects of Military Medicine at the Royal Army Medical College at Millbank.

Then, it's six years in the Army, starting with the rank of Captain.

By converting to a Regular Commission you can, of course, stay longer, until you're 60 if you wish.

As a doctor in the Army your practice will be much the same as a good civilian one: fully equipped and professionally staffed. You could be working in a group practice or on your own; though you'll be entirely responsible for your own patients, be they soldiers or their families, rather like a busy G.P.

But don't think that, because you're in the Army, your chances for study will be in any way limited.

While still in clinical training, a number of selected cadets may, with the approval of their Dean, undertake elective attachments at Military Medical Units in Germany, Cyprus, Hong Kong, Nepal or USA.

And you'll have the same opportunities as in civilian life for your post-graduate training in General Practice, Community and Occupational Medicine or one of the Hospital Specialities.

But a doctor's life in the Army doesn't stop there. As an officer, you'll be able to take advantage of a very wide range of sporting facilities.

You'll almost certainly travel abroad, and your social life will be busy too. Many of those you meet and work with will become lifelong friends.

Finally, should you decide to leave the Army on completion of your Short Service engagement we will give you a very useful tax-free gratuity.

How much depends on the length of your initial Cadetship and the amount spent by the Army on your medical training. Regular and Special Regular Commissions are pensionable.

For further details please contact Major General (Retd.) R. N. Evans CB FFARCS, Dept. O763, Royal Army Medical College, Millbank, London SW1 4RJ.

He'll send you our brochure, 'Doctor in the Army,' and arrange an interview.



RAMC Officer

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The Bore Report

Being the observant sort of chap that I am, it has not escaped my notice that the *dormant passages of our Hospital have, of late, been rudely awakened by the appearance of numerous bright-eyed, bushy-tailed and, in some unfortunate cases, brief-case carrying newcomers.* Warmest greetings are extended to all but the two complete spanners who took it upon themselves to don *their neatly pressed and lemon-fresh dissection coats* during the first two days of Fresher's week. Strange behaviour indeed.

Stranger still, if such a thing be possible, is the behaviour of one sprightly young first year medic who goes by the name of Rory (or, by nature of some very unfortunate speech impediment "Worwy"). He is, I am told, under the impression that, by the grace of God, he has the stature and form of a demi-god. Demi-god he may be, but certainly no John Travolta.

I have recently learnt that lurking amongst the Freshers' Handbook and a rather quaint pamphlet detailing the rigours of the Catholic Chaplaincy which came with the yearly fresher bumper starter pack was the free gift of a packet of condoms. I trust you shall all use these with discretion and, remember Rory, you can always come back for more.

Whilst on the subject of contraceptives, I was told that a particular third year dental student thought it wise to purchase his supply of condoms from the small cupboard in the Boland House Foyer during a rather busy lunch hour in the hope that his actions would be concealed by the bustling throng. Not so, our keen-eyed porter John spotted the young roister-doister and exclaimed: "'Scuse me, that 'phone doesn't work, you s'll have to use the one next door!!'" Upon which our would-be Casanova quietly left the room. I'm sure that this man would like to thank John for his help.

Also heard is the woesome tale of some rather perturbing happenings at this year's Notting Hill Carnival. Our dear Terry, joining in the merriment and fervour of the event and dressed to the nines in his fetching and almost matching tropical shirt and shorts, was fortunate enough to be limbo-dancing

past a public lavatory when his call of nature came and the ol' bowels began to stir. Strangely enough, Terry was seen to go in wearing two rather dainty white socks but only seen to exit with one. Apparently, public lavatories no longer provide us with toilet paper.

I have been informed that one of the events during the summer vacation was a ball held aboard H.M.S. Belfast. Many may recall that a couple were seen to be making babies behind a curtain at the Snowflake Ball last year. At this particular ball, however, the *place d'honneur* seemed to be the engine-room. Nice n' comfy I'm sure. It seems that, at the said ball, Barry was sea-sick. However, the Belfast is in dry-dock and one is more inclined to suppose it might have been the engine-room air. We shall never know.

Reverting, somewhat ectopically, back to the subject of Freshers' Week, I have been told of a rather cruel jape played upon the new dental intake by the more mature and senior of their clan. The plan was to inform the unsuspecting youths that not having enough places, one person would have to leave the year. The lucky person was to be one of the third-year students planted in the audience in the guise of A Fresher and the elimination process would proceed after a short test. However, whilst the false results were being issued, one young petal with a *grand total of three percent and under* the impression that her chips were up, burst into a flood of tears – only to learn that the planted third year had scored zero. I do believe that this same procedure was attempted four years ago and that some of the victims, to this day, are under the much mistaken impression that the whole thing was the real McCoy. And I was beginning to think that dentists really do have neurones.

Finally, I must thank Prof. Chantler for his most humorous and charming correspondence. In answer to his queries, no I am not qualified and as he must surely be aware, beer glasses are extremely difficult to eat.

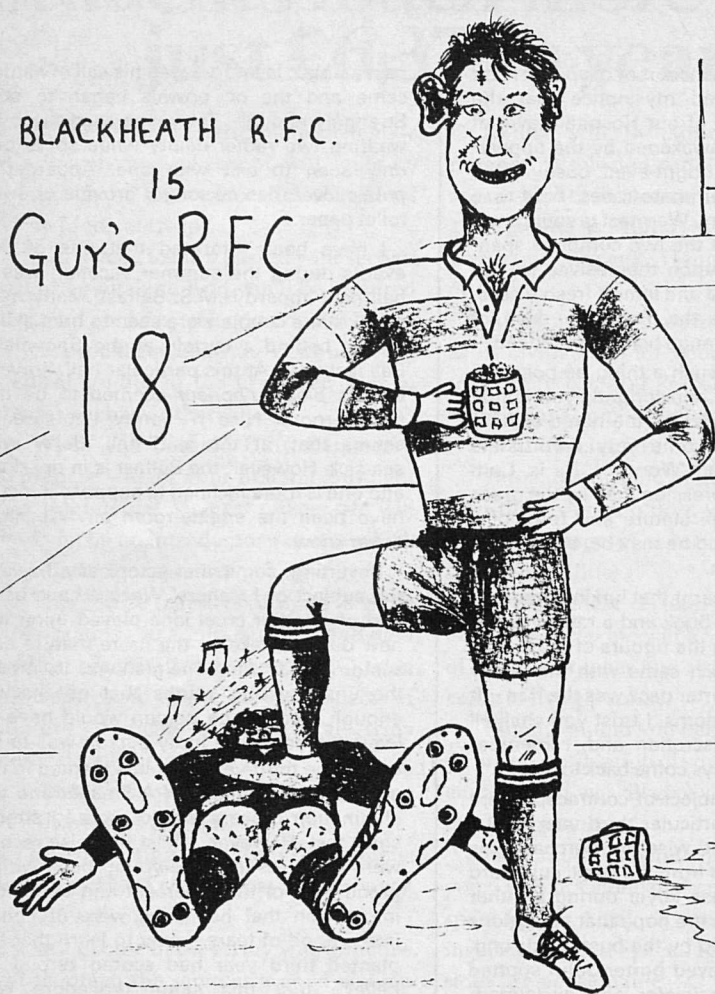
Cedric Bore

BLACKHEATH R.F.C.

15

GUY'S R.F.C.

18



Nice result. Wot, no report?

RUGBY CLUB
1st XV Report
Harlow 38 Guy's 14
Guy's 10 Old Emanuel 20

Guy's first game of the season was the usual midweek friendly against Harlow. This was lost 38-14 with Dave Cowhig being the only Guy's player to show any real flair or

fitness. He demonstrated his range of skills by scoring a penalty, a drop goal and a try. Graham Bevan scored our other points with a try in the left corner to continue his prolific scoring of last spring. Guy's major problem, as usual at this time of the year, was lack of fitness. This failing becomes more and more apparent as club rugby gets increasingly competitive and better organised.

Guy's Hospital RFC's first ever league game was played at HOP on Saturday 12th September 1987 versus Old Emanuel. As with all English clubs brought into the new RFU scheme designed to raise playing standards, the first league fixture was a memorable occasion. Guy's are in the London South West Division along with such disparate teams as Jersey and Warlingham.

When someone writes a history of the World's oldest club the introduction of leagues to Rugby Union will obviously mark an important watershed. It is therefore disappointing to report a 10-20 defeat in this encounter which was also the first recorded match against Old Emanuel. Despite a promising start and two hooks against the head we were 0-10 down at half-time. However, with the wind in our favour for the second half, hopes were still high. These were shattered a few minutes later when Emanuel ran in two tries while Guy's were still discussing how nice the oranges had been. One of the tries was converted. Guy's fought their way back into the game with tries by Charlie Beardmore (skipper for the second season) and Tony Higgins. The first was converted by Alan Jones.

Both the pack and backs played well in parts and showed promise for the forthcoming months. We were by no means overshadowed and there is a feeling amongst the players that, as fitness improves and the team settles, a respectable place in the league is attainable as well as an enjoyable winter.

Guy's v. Old Emanuel: Bunting, Wilson, Higgins, Beardmore, Bevan, Jones, Docker, Cheah, Morgan, Seare, Conchie, Davies, Meharg, Dooley, Scanlan.

3rd XV Report Guy's vs Greenwich 3

This was an enjoyable game giving us a victory for our first match of the season, instilling some confidence in the side for the future games ahead and hopefully forgetting the many losses (though never heavy ones) of last season. Tries were scored by:

P. Fewings, A. Porter, P. Brown and S. Foley taking a brace. There were also numerous near tries. With the final try converted by D. Bailey the result was 22-0.

Guy's vs C.A.V.

As soon as the opposition stepped out onto the pitch it was evident that this was going to be no easy match and indeed this was so. A try early on in the first half by Mark Morgan picking the ball up from a ruck and converted by G. Koffman gave us an early 6-0 lead - just the tonic to settle us down. The match continued to be a tough fight not helped at all by the willingness of the opposition to 'stick the boot in' but was kept under control by some excellent refereeing from P. Scanlon. A try scored by N. White, beautifully set up by G. Koffman from a scrum in the opposition's 22 near the end of the match gave rise to a well-deserved victory of 10-0.

Guy's vs S.T.C. Footscray

Victory seemed imminent when the S.T.C. captain turned up with thirteen men. However, a rather useful (unknown county U19 player) fresher offered his services to them to transform their team into something which was to give us our hardest match yet.

The Guy's pack played brilliantly under the leadership of W. Hogan, and at long last the Guy's backs seemed the correct combination. A. Porter played an absolute blinder at scrum-half (G. Koffman being injured from the week before). Chris Koffman's debut appearance for us at fly half was admirable.

A try scored by the faithful warrior C. Howell in the middle of the first half gave us a 4-0 lead but the game was far from over. It wasn't until well into the 2nd half when C. Koffman kicked a penalty goal which at that stage in the match gave us a safe lead, and the match ended with yet another (3-on-the-trot!!!) victory, this time 7-0.

3rd XV SQUAD: C. Howell, G. Slater, D. Assos, C. Popplewell, T. Gibson, A. Slade, J. Frazer, E. Cheah, N. Prater, S. Foley, M. Martin, M. Davies, M. Morgan, W. Hogan, G. Koffman, C. Koffman, A. Porter, P. Fewings (Capt.), Derek, P. Dockett, P. Brown, B. Jenkins, K. Underwood.

Many thanks must also go to A. Mistlin in obliging to referee (not a pleasurable job).

BOAT CLUB REPORT

The AGM was held on Thursday 18th June. The Captain, Stephen Andrews, presented a full report on the extremely successful year, remarking in particular on the help provided by the Tideway Scullers at our new boathouse, the considerable number of new events entered, the large number of crews, and the spectacular performance of the seven Vllls in the U.H. Bumps. The excellent results achieved by the Ladies 1st VIII, particularly in the Heads, was also noted. Simon Huins was elected Captain for the coming year. A purpose built new Ladies VIII boat is to be the top priority for the coming year to replace the very heavy 17 year old boat (Frank Law) they row at present. It was also hoped to send crews to Lincoln for the Boston Marathon in September.

The AGM was followed by dinner at the Cumberland Hotel Carvery. A private room was arranged for the speeches, toasts and presentations of Blues and Colours certificates.

Horseferry Regatta – Sat. 20th June

Three IV's and a scull were entered for this 1000m sprint regatta – the first Guy's entry for many years. John King drew some strong competition in round one and lost, although, after some hard training, he looks very competent in a scull. The Senior C IV reached the 2nd round but then lost to Furnivall R.C. A Novice IV selected from the successful "Bladerunners" Bumps VIII lost narrowly to Horseferry. The Ladies IV lost by ½ length to Furnivall. Thanks to the girls who waded out to supply the IV's with pints outside the "City Barge" to help them make it back to the boathouse.

Guy's Silver Sculls

The purchase of the excellent Double Scull Trainer this year resulted in a surge of interest in sculling after several years of inactivity in the club. Thus the Guy's competition for the Silver Sculls was revived and the event held on Saturday 27th June over a 600m course finishing in front of the boathouse. It was an excellent event with David Quick winning the final.

S.J.A.

Boston Marathon 21st September 31 miles



Men's VIII for the Boston Marathon



The Ladies' IV

When trying to drum up support to row the marathon one month before the race, only a core of six were keen but, as people realised that time was running out to do any training, volunteers came in thick and fast. Numbers were finally such that the 1st VIII was up to full strength and a male IV was added to the starting order. A female IV was entered but three of its members were sunning themselves in Greece until two days before the race. They assure me that they were keeping fit.

The drive up on Saturday was very wet and windy and enthusiasm was definitely waning. Once we'd got there and eaten a large Italian meal, spirits rose again, some followed this with a Chinese meal (a grave mistake). We spent the night on the floor at the Boston rowing club where we would have got some sleep if it wasn't for certain insomniacs who kept up a monologue until 5.00 a.m.

Surprisingly we made it to Lincoln for the start on time and left the shore to the cries of "good luck". The timing was good, the power was there and with our T-shirts of "Boston Blisters" we looked a disciplined crew. The 1st VIII reached the lock after 1 hour where the boat had to be lifted out and carried – possibly the hardest part of the race. We rowed well for the next hour over-taking everything in sight but at the 3 hour mark the pain set in and I regretted ever having listened to Mr. Gleeson.

The scenery was as interesting as a Pathology lecture, and we would mentally cheer and "give her ten" as we passed a solitary bush on the bank. Once through the pain-barrier, we rowed well and came in at 3 hours 52 minutes, 10th out of 162 crews, tired, blistered and aching but very pleased.

The female IV had an excellent row, overtaking the men's IV and many other crews to come in 2nd in their class at 4 hours 56 mins. The men's IV rowed in at 5 hours 19 mins looking exhausted but when asked about the race, no.'s 2 and 3 broke into a wide grin. Their high point of the race was overtaking a very attractive female VIII in the process of removing their T-shirts to cool down. I'm told 2 and 3 were so astounded that they stopped rowing and stared with their mouths open until the girls were out of sight. We proudly brought home our trophies for having completed the course with much amusement that the female IV boat beat the men. I might add that they had a race last Saturday and the men were so determined to win that one of them deposited his lunch over the side of the boat.

S.J.H.

Crews:

1st VIII: A. Renshaw (cox), S. J. Huins, T. Watts, J. Pollard, A. Ward, E. Read-Ward, J. Knighton, S. Khakoo, J. King.

Ladies' IV: H. Forbes (cox), J. McCurrich, S. Griffins, G. Skales, S. Robinson.

Men's IV: D. Bradley (cox), K. Powell, A. Goode, S. Millar, S. Manara.

MOUNTAINEERING CLUB

Across The Alps By Tuna Fish

Groans in the darkness, the odd rustle of bodies in the dank 4 a.m air, the noise increases to its climax of gasped breaths and creaking wood. Mike found his head-torch and we had to get up. The Gnifetti hut holds up to 270 people, 7 of whom were struggling into unfamiliar ice gear to make the ascent of Pyramid Vincent. We beat the guidebook time by about half an hour, viewed the panorama of the western Alps, tried to suppress speculation about the nature of the brown patches in the snow and looked upon Alagna, still in darkness as we greeted the dawn. Most of all we looked over to the Dufour peak, highest point of the



"On top of Pyramid Vincent"

Monte Rosa group. Tea and breakfast, seemed a good idea so we descended the snowfield as it changed from pink to impossible white. After consuming all the fig rolls and adjectives the most intrepid did battle with the hut's sanitary system. A masterpiece of alpine ingenuity; rather than waste water to flush, a flow of cold air is used; unfortunately this is in the opposite direction to that which most users would find helpful. The use of the brown tipped stick became rapidly apparent.

We had taken two days to travel across Europe, two days of learning about prussick loops, the necessity of maintaining peripheral circulation, and by the end of it most of the drivers had plumped for driving on the right. To break the journey, we camped on the shores of Lake Geneva, swam and ate the first steak frites of the tour.

Alagna was reached after much reversing on mountain roads and conversations about Italian grandmothers by our tame polyglot. We quickly fell into a routine of walking up mountains, searching for marmots, congratulating ourselves for having come so far,

descending, and eating tuna fish. The weather being unsettled on the high alps, only the one snow route (described above) was possible. Intrepid walks were done, reaching above the trees to the beautiful meadows complete with belled cows and goats.

All was bliss, except those mountains were *sooo* big! (and no climbing). So, we moved to Chamonix playground of the Alps and convenient for the Mont Blanc tunnel, whose womb-like atmosphere we sought again and again.

It rained in Chamonix. It rained the sort of rain that filled the bars and supermarkets with bedraggled specimens of the great attraction – the British climber abroad. The Dutchmen next to us in the campsite started snow routes, then rescued themselves from whiteouts. They, coming from a flat land, had not grasped the nature of the relationship between rain in the valley and snow on the hill. Earlier in the year, a British climber had had to stay in a refuge for a week on a mountain. We thought about what to do next and ate steak frites.

Blue Water, White Rock

Intrigued by the world of "Hollywood Husbands" we cruised down to the coast, checking out the chicks and grooving to the beat of Dire Straits (again). "This place is just fantabulous" shrieked E.R. as we reached the Med. "M" who was reading *The Perfect Spy* smiled distantly, muttered something in Czech and went back to sleep. We camped at La Ciotat, friendly relations were begun with the manageress and we settled down to eat. Early, we went to the Supermarché, Boulangerie and three times around the one way system of Cassis. Later, after consummating our love affair with *pain chocolat*, we arrived at the car park where the eagle-eyed security man realised that with our ropes, extractor tools and tightened harnesses we must have come to bugger his goat. Explaining we had brought our own, we descended to the village of Morgiou through scented undergrowth. Everyone let out a gasp as we saw the blue waters of the inlet surrounded by bleached limestone cliffs and realised that we had managed to find the right place first time. Back on form, we incorrectly identified almost every feature until put right by the local ex-pat (possibly Ronald Biggs).

Through the heat haze, the *nouveau riche* on their yachts watched the *ancien pauvre* set up for the first climb. Helpfully, the climbing guide in French gave a conversion from French grades to American ones. With the aid of some surreptitious flicking in the gear shop we managed to construct a French-English dictionary of climbing. The rocks were grippy that week, the bolts were firm, we were young and I had been reading F. Scott Fitzgerald.

Sitting on a belay, watching the fluorescent swimsuits go past 200 metres below, wearing a helmet as a sunshade, North Wales was further away than Africa. We climbed till tea time on well protected, if wobbly, rock and fell in love with it. Weary and sweaty as after all acts of love, down to the beach and into the clear, cool water.

But we kept up our adulterous liaison with food, culminating in climactic multiple fondue, and an illicit encounter in a waterside restaurant, with lan as ever continuing when others cry "Enough".

The climbs got harder, the weather stayed perfect, and on the last climbing day all doubters were confounded when an inevitable Yorkshire climber appeared in the cafe.

We had a time here, wish you were lovely.



"Morgiou Village and Bay"

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Guy's Hospital Gazette

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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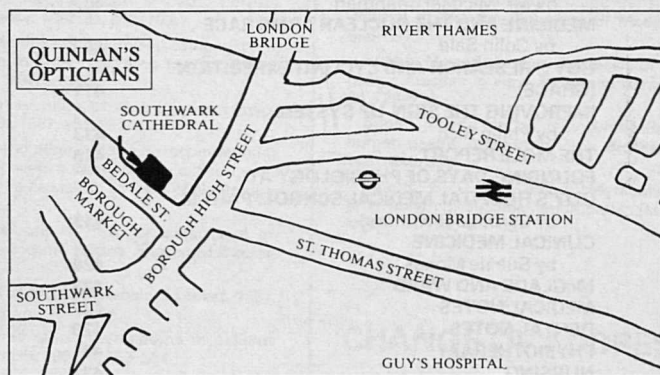
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Christmas Edition

Once again December comes and the Editors would like to take this opportunity to wish all our subscribers and readers good wishes for Christmas and the forthcoming festive season. A special thankyou is extended to our advertisers, for whose support we are very grateful. We would also like to thank those people who responded to our plea in last month's *Passim* for a little more input from students. While the response could not be called overwhelming, it was certainly more encouraging than we had anticipated. All you have to do now is to write the articles you promised.

Two Appeals Launched

On the subject of Christmas and the season for giving, now is without doubt an appropriate time for charity appeals to be launched and this *Gazette* gives news of two such events. The first is the Department of Obstetrics and Gynaecology's Braxton Hicks Fund, which is set out in detail on page 407. In his article, Mr Chapman observes that for material improvement in our clinical services or research programmes – and in some cases for their maintenance – funding from outside the NHS or UGC is becoming absolutely essential. It would seem that we are now at the stage where basic research is often funded by charities. When progress is such that it can offer something towards the management of a clinical problem then, in order to be able to afford to benefit, further charitable donations are required. Many departments at Guy's have been assisted by private donations or charity, the most obvious examples being Sir Philip Harris's generosity in establishing the magnetic resonance imaging centre and the continuing fund-raising efforts for the Evelina Children's Hospital. These are just two examples. Indeed, the very areas where this Hospital merits the phrase "centre of excellence" are supported to an important extent by charities or private benefactions. While I do not mean to belittle DHSS funding and imply that these departments survive entirely on voluntary donations, the launching of the Braxton Hicks Fund is yet another reminder that the NHS can only afford to provide basic care in an era when hospital medicine is becomingly increasingly associated with high technology instruments. While the *Gazette* is the first to extend its support towards the Braxton Hicks Fund and to GRACE (see p. 411) and to other appeals, it is a situation which we seem to take for granted. It does seem odd that while appeals of this sort nationwide raise millions of pounds from the public as a whole, it is that same public that successive governments have perceived as resistant to tax increases – or even maintaining their level – in order to keep the NHS somewhere near the forefront of progress.

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Edited by

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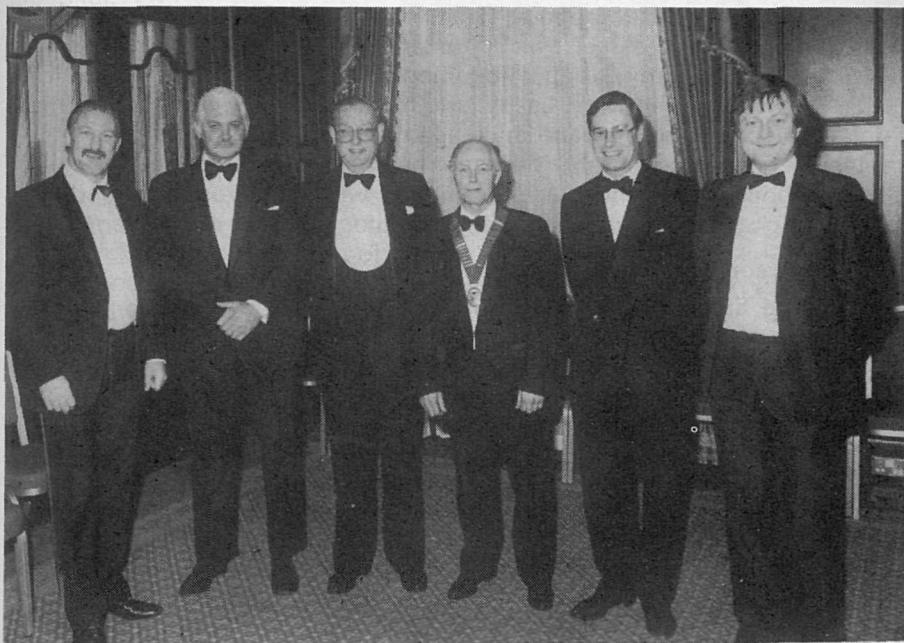
407 Art Club

The 407 Art Club is holding its next exhibition in the week beginning 7th December on the 4th Floor of Hunt's House. All are welcome.

Guy's South Wales Society

The 36th Dinner of the South Wales Society was held on Saturday 7th March 1987 in the Park Hotel, Cardiff, following the Wales v. Ireland rugby international. The incoming President was Dr. Walford Davies, a General Medical Practitioner from Llanelli, Dyfed. The guest speakers from Guy's were Professor Cyril Chantler and Dr. Charles Joiner.

The 37th Annual Dinner will be held in the Park Hotel, Cardiff, following the Wales v. France rugby match on Saturday 19th March 1988. There is often some difficulty in contacting the more recently qualified Guy's men and women in the area. Therefore, if any Guy's person is, or knows of anyone who is, moving to South Wales, would they please contact Mr. C. E. C. Lewis, Hon. Sec. South Wales Society, Glenhaven, Cardiff Road, Taffs Wells, Mid. Glam. CF4 7PP.



At the 36th Annual Dinner of the Guy's South Wales Society. (From left to right) C. E. C. Lewis (Hon. Secretary), Dr. W. F. T. Davies (incoming President), Dr. C. Joiner, Mr. E. G. Lewis (retiring President), Professor C. Chantler, R. N. B. Lewis (Hon. Treasurer).

Gazette Christmas Raffle

There is still time to return raffle ticket stubs and money for the Christmas draw which will take place on 17th December. We extend our grateful thanks to those readers who have already bought theirs.

Guy's South Western Dining Club

It has been suggested that it might be an idea to form a Guy's South Western Dining Club rather on the lines of the Guy's South Wales Society and the Guy's Wessex Society. It would be open to all Guy's Medical and Dental Graduates resident in Somerset, Devon and Cornwall, and its purpose would be to dine once a year or more frequently and have a guest speaker from Guy's.

Efforts are being made to contact past graduates in the area, but anyone interested should contact Dr. G. Stewart Duncan, Staff Health Centre, Royal Naval Hospital, Plymouth, PL1 3JY or at Bosca, Trehan, Nr. Saltash, Cornwall, Tel: 07555 2939. All ideas would be welcome.

Annual Dental Ball

The Guy's Hospital Dental Society Ball will be held at the Grosvenor House Hotel on the 20th February 1988 at 7.30pm. Tickets will be on sale in the New Year.

Staff Changes at the Gazette

We are delighted to appoint Clare Freeman as Assistant Editor. Clare has been a very successful News Editor since April this year. We are sorry to bid goodbye to Jeremy Gregg who joined as News Editor in June 1986. We wish him well for the future. Lastly, and most important, our Manager, Gill Fant, is no longer with us and once again the Office is unmanned while a replacement is being sought. Messages can be left either at the Office or on our telephone answering machine and we will endeavour to respond as quickly as possible. In the meantime, we apologise for any inconvenience.

Student Accommodation

For the first time the School has accommodated first year students from both campuses of the U.M.D.S. in Wolfson House, St. Christopher's House, St. Thomas's House, Brian Creamer House and the Rectory. From an intake of 286 students, 118 (41%) have been housed at the U.M.D.S. A further 50 students (17%) have rooms in the Intercollegiate Halls of Residence. Thus a total of 168 first year students (59%) have been accommodated in the School and University Halls of Residence.

Gazette Subscription price

Unfortunately, the production costs of the *Gazette* have risen over the past two years, such that we can no longer avoid an increase in the subscription price. The *Gazette* is a non-profit-making organisation and we are able to keep the subscription price to a minimum. From 1st January 1988 the subscription price will be £12 per annum and the rate for a retired subscriber £6.

Clubs' Union News

By the time you read this report, the Snowflake Ball will already have been held. I hope it was a success and that everybody enjoyed themselves and didn't get too drunk.

The date for Charities Week is now set for the second week of the summer term next year, 1st-7th May 1988. The charities will be the Braxton Hicks Fund appeal for an ultrasound scanner (see article on p. 407) and the Oncology Department, both at Guy's. Although it may seem a little early, if anyone out there has any bright ideas or wants to help (that includes all hospital staff, physios, nurses etc.), please contact Emma Ross or Ron Simon – both 2nd year medics. I am sure they will be grateful for all the help they can get.

On the subject of 2nd year medics, the B.M.S. revue is imminent. Let's hope that it's as good as last year's – if so it will be well worth seeing.

As many of you may be aware, two 3rd year medics, Neil Davies and Jamie Barwell, are taking a year off in order to do a cycle ride in South America for charity (see article on p. 411). If anyone would like details of sponsorship, please contact Vanessa Skelton, c/o Boland House, Guy's Hospital.

That's all for this month apart from wishing all the medics and dentists good luck with their exams.

Nigel White
President

Theatre Club

The news from the Theatre Club is that their next production will be Alan Ayckbourn's collection of short plays called *Confusions*. Having seen the original 1976 production at the Apollo Theatre, with John Alderton and Derek Fowlds, our Theatre Correspondent can vouch for the excellence of the plays. In the director's words: "Each play deals riotously, but with sharply pointed undertones, with human eccentricities and the human dilemma of loneliness: a mother unable to escape from baby talk, a disastrous fete, an unsuccessful seduction attempt, a fate-fraught dinner encounter – the final play sums up with five self-immolated characters on park benches."

This year the Theatre Club has been revitalised by an influx of fresh new blood eager to get involved with the wider aspects of life at Guy's. The Club obviously chose *Confusions* with them in mind, for the play has a cast of 18, 12 of whom are newcomers to Guy's stages, and a directing team of six – three old hands and three new ones all gaining valuable experience.

Guy's Hospital Theatre Club already has a well deserved reputation for consistently enjoyable performances of wide-ranging productions; last

year saw productions of J. B. Priestley's *The Inspector Calls*, Edward Albee's *The Zoo Story*, the musical *The Best Little Whorehouse in Texas*, and an evening of dramatic poetry. The forthcoming production of *Confusions* will undoubtedly enhance their reputation.

Performances of *Confusions* will be given on the 9th, 10th and 11th December at 7.30pm in the Harris Physiology Theatre. Tickets are available at £2.50 from the foyer of Boland House at lunchtimes and on application to Guy's Hospital Theatre Club, Boland House, Guy's Hospital.

Bridge Club

Guy's Hospital Bridge Club started the year in September with an away match against The London Hospital. Four pairs from each team participated and enjoyed a friendly game consisting of sixteen boards. The match was very close, but Guy's just pulled through to win by 103 IMPs to 92.

The Club meets on alternate Thursdays at 7pm in the Ballroom of Boland House (look out for notices in Boland House for days of meetings). Usually Rubber Bridge is played, but we are hoping to hold some Duplicate sessions, and also to arrange more matches. If anyone is interested in playing, please contact B. Nesom in Boland House, or just turn up at a meeting. Beginners are very welcome.

Team against The London Hospital: B. Nesom (Capt.) and M. Chapman; P. Semus and R. Chen; O. Yanni and R. Kaprielian; S. Ward and N. Trendell-Smith.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are January 13th and February 10th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

The Braxton Hicks Fund

by Mr. Michael Chapman

The Department of Obstetrics and Gynaecology at Guy's is aiming to put itself "back on the map" as a centre of excellence both in clinical and academic achievements. In the current financial climate this can only be achieved by monies from outside the National Health Service and the University. With this in mind we have established the "Braxton Hicks Fund".

Braxton Hicks is a name synonymous with the best in obstetric care; he worked at Guy's between 1859 and 1883 as Obstetric Physician and Lecturer in Midwifery. During this time he made significant contributions to the understanding of the physiology of labour and delivery. The texts of his lectures in the *Guy's Gazette* of 1872-1875 make fascinating reading. It is interesting how little has changed in our knowledge of the mechanism of labour. His name is most widely known in the context of the contractions which all women experience prior to the onset of labour.

The first goal of this charity, is to raise in the vicinity of £100,000 in order to purchase state-of-the-art technology in ultrasound scanning to allow Guy's to provide the highest standard of prenatal diagnosis. In 1988 a



The sponsored bicycle ride: arrival at Brighton Pier

further Senior Lecturer is to be appointed in the Department of Obstetrics and Gynaecology with a special interest in prenatal diagnosis, and who will collaborate with Professor Martin Bobrow in the Paediatric Research unit and Dr. Lindsey Allen in the Perinatal Cardiology Unit. The scanner will be a vital part of our armamentarium.

Ms. Annie Bower will be co-ordinating the charity drive. The current plans include:

- An Art Fair on 4th December in the Hays Galleria.
- A Charity Cricket Match – Actors *versus* Guy's in May 1988
- A Summer Charity Ball taking over the whole of the Hays Galleria on 4th June 1988.
- A Thames Barge race from London Bridge to Greenwich.
- We are also to be supported by Guy's Charities' Week.

Our first activity was a London-Brighton bicycle ride. On 31st October, nine intrepid cyclists set out from the Horniman at Hays pub at 8.30am on a cold and misty morning. Participants included: Paul Burn, Prema Reddy, Omar Yanni, Ian Page and Michael Chapman. Six hours later we rode into Brighton somewhat damper and sorer than when we left. Sponsorship brought in around £1500 – a very worthwhile day.

The official launch of the Braxton Hicks Fund was on 19th November at the Horniman at Hays during a Beaujolais Nouveau Breakfast sponsored by Grants of St. James. As an initial gift, the management of the pub and Grants of St. James gave us £1,380 towards the appeal, and nurses from the Braxton Hicks ward collected over £300.



The Braxton Hicks Fund is launched: (left to right) Mr. Michael Chapman with Beaujolais Nouveau, Ms. Annie Bower and Mr. Colin Head of the Horniman at Hays.



Professors Tim Clark and Martin Bobrow at the launch of the Braxton Hicks Fund flanked by Braxton Hicks ward nurses Kate Lewis (left) and Julia Woods (right).

Any donations or enquiries should be sent to:

The Braxton Hicks Fund
Department of Obstetrics and Gynaecology
Guy's Hospital
London SE1 9RT

Medicine and the Nuclear Arms Race

by Colin Sale

Victor Sidel is a leading figure of the Nobel Peace Prize winning group International Physicians for the Prevention of Nuclear War. When he spoke at Guy's on the subject of the nuclear arms race on October 29, he began by outlining the effects of even a single nuclear strike on the US, and the impossibility of doctors being any significant help to the dying, sick and injured. The medical profession, he argued, must practise preventive medicine and actively campaign to prevent nuclear war.

But the arms race, he went on, is not only a potential threat to the world's health. At present the majority of the world's population suffers ill health due directly or indirectly to lack of money. Dr. Sidel cited his own

experience working with New York's poor in the Bronx where he sees the preventable problems of deprivation, hunger and illiteracy leading inexorably to high rates of infant mortality, ill health and reduced life expectancy. With a powerful array of statistics he quantified deprivation and ill health in the US and in the Third World – pointing out, for example, that more than half the people in the world do not have a safe water supply.

These are problems that can be prevented. They cry out for financial aid, and while developed countries have agreed at the U.N. to devote 0.9% to this end, few really do (Britain, the US and the USSR all give much less). Instead, the money is spent on arms. He produced more statistics to show both the huge expenditure on arms, and the excess of arms that now exists: for each person in the world there are weapons equivalent to 3 tons of TNT.

In comparison, preventive medicine is cheap. A project for measles vaccination in the US lasted 17 years and cost only a third as much as a new bomber aircraft. Eradicating smallpox was relatively cheap, and the same should be done for malaria.

But Sidel's figures were ultimately baffling: the scale of human suffering and arms spending alike is hard to comprehend, and he admitted that "statistics are faces with the tears washed off". Another approach is to show pictures of the people who suffer needlessly from poverty and disease, but while this arouses our compassion for the individual tragedy it may let us forget the scale of suffering. So he took out a metronome set to tick once a second. Every second, he said, a child dies or is maimed because of a preventable disease. Every second the world's governments spend \$3000 on arms. The insistent sound of each second passing, each child dying and each \$3000 spent on arms, continued to the end of his talk as he reiterated the causative links between arms expenditure and poverty, between poverty and avoidable ill-health and death; it continued as he restated the costs of various health improvement projects as a few minutes or hours of arms spending.

His talk was the stronger for his realistic attitude – he wasted no time in speculation about details of different possible outcomes of nuclear war, for example: and despite his fervent opposition to nuclear weapons he clearly concentrates on achievable aims, seeing disarmament as a gradually negotiated, multi-lateral process. Perhaps his realism was undermined, though, by not addressing the problem of how to administer aid so that it really benefits those who need it, and whose deprivation is made worse by political corruption and economic injustices.

The statistics were persuasive, and the arguments convincing, the metronome was a deeply disturbing device, but Victor Sidel conveyed also his sadness that there are so many people who desperately need our help, and yet we still spend our money on absurdly dangerous and unnecessary weapons. Above all, he gave a sense that we do have an influence to do something about it, we do have the ability to bring about change, and the challenge to do so faces us all the time.

Guy's Research and Cycling Expedition (GRACE)

After two years of reading mountains of books at Guy's Hospital Medical School, Jamie Barwell and Neil Davies have decided to try and escape the concrete jungle of London and delay their studies for a year with a plan for a sponsored bicycle expedition through the jungles of South America. They will be using "mountain bicycles", which have shown themselves able to cope with climbing the Himalayas and crossing the Sahara, so why not put them to the test in the tropical rain forests?

The money raised from sponsorship will be donated to help medicine both at Guy's (in the form of a cancer research project) and in the areas they visit (via the charity Intermediate Technology). Donations will not be used to fund the expedition itself. (Although help in this area would no doubt be appreciated.)

The Beneficiaries

Guy's Oncology Department

The new Act of Parliament passed this year has meant that the Guy's Oncology Department is in need of a lead-shielded area in order to continue its work with radio-active materials. This isolation unit would be used for research into the targeting of radio-active isotopes. Instead of irradiating whole areas of the body, lower doses of radiotherapy could be directly targeted to the tissue or organ in which the tumour lies.

The unit would also be used in the treatment of breast cancer. Extensive tests have shown that a lumpectomy followed by an iridium implant is at least as successful as performing a radical mastectomy.

The enormous weight of lead required for this unit is too great for an existing building at Guy's to bear. Thus the proposal is to build the unit underground, so reducing the amount of lead required for the shielding.

Intermediate Technology

The charity Intermediate Technology (whose patron is Prince Charles) has as its motto "Help us to help the poor help themselves". Its Third World projects aim to use appropriate technology (that can be constructed, repaired and replaced locally) to help the local population improve their own water supplies, agricultural techniques and living conditions.

The Research

Only 1% of plant species have as yet been tested for their medicinal properties, which is perhaps strange when one considers how many modern drugs are based on natural products.

The freedom Jamie and Neil gain from the mountain bicycles will enable them to reach the most isolated people whose medicine is still based on the plants that surround them, an area of particular interest to the patron of GRACE, David Bellamy.



Jamie Barwell (left) and Neil Davies (right) with GRACE patron, David Bellamy

Research into the effectiveness of these traditional medicines will be co-ordinated with Dr. Dorothy Bray at The London School of Tropical Medicine.

Sponsorship

If anyone (either privately or through a company) would like to sponsor Jamie Barwell and Neil Davies in their efforts by making a donation to either or both of the above charities, they can contact: Vanessa Skelton, Boland House, Guy's Hospital, St. Thomas' Street, London SE1. Tel: 01-407 7600 ext. 3118 (messages can be left). Sponsors to date include BMW cars who have donated £1,000.

The first fund-raising event planned is a Champagne Breakfast at The Fox and Anchor pub in Smithfield on Saturday, 19th December. Tickets are £10 each with proceeds to the charities.

If anyone would like to help GRACE with fund-raising or could offer any other kind of assistance (anything from helping with Spanish lessons to loaning bicycles to advising on jungle survival etc.), Jamie and Neil would be more than grateful to hear from you.

Improving the Sign-Up System

by Philip Rich

The present method of allocating the Guy's scheme house jobs has come in for considerable criticism of late. The main argument against the sign-up system is that unfair marking of how students perform on the various firms leads to an unrealistic ranking position in the year. The highly subjective and inconsistent nature of the system is the basis for much of the dissatisfaction expressed by students.

It is inevitable that there will always be some disagreement over such a subjective form of assessment. However, in some cases it appears that marks are awarded for more than just ability and effort. If one or two people in a firm are "noticeable", this will often ensure them good marks, but may also pull up the marks of the rest of the firm. An "anonymous" firm is more likely to attract the despised "blanket C3". It is true that a firm of reasonable students without anyone of exceptional ability should all receive C3 sign-ups, but such is the lack of confidence in the system that the "blanket C3" is taken to mean that the doctors concerned did not think seriously enough about the individual students to give appropriate individual sign-ups.

Another major difficulty with the sign-up system is how the various possible sign-ups are interpreted by the doctors and students. It is fairly obvious that C3 can mean a variety of things from "mediocre" through to "acceptable standard". The grade B4 can imply anything from "reasonable" to "very good". And what does A5 mean? How many students who receive an A5 grade are really likely to attain honours standard in finals, which is the intended meaning of that sign-up?

At the other end of the scale, it often happens that students whose performance is below par are not given the low sign-ups they need to make them realise their shortcomings.

This article is beginning to read like an argument for removing the sign-up system. Unfortunately, many people do indeed take the attitude that because of the faults outlined above, the sign-up system is irredeemably bad and therefore must be scrapped. But should an imperfect system be scrapped even though the alternative is no better, and potentially much worse?

In previous times house jobs were often allocated more because of "who you knew" rather than "what you knew". Having a father who was a consultant at the hospital down the road, being captain of the rugby team, wearing the right school or Oxbridge college tie, being the right colour or sex, speaking with the right accent and so on were all attributes that would ease the passage of the lucky medical students onto the lower rungs of the hospital ladder, and impede the rest. Fortunately, more recently people have seen the additional quality of merit as having a place in the selection process, hence the sign-up system.

Now apparently, the "anti-sign-up lobby" want to replace the present

system with one whereby students will submit a ranked list of jobs they would like, and consultants submit a ranked list of students they are prepared to have work for them (on the basis of which students want to). It would then be possible to produce a matched list of house jobs and students. The aim would be to ensure that there was a minimum of students ending up with jobs they did not want, and consultants ending up with house officers they did not want.

In theory this appears very simple and fair. However, there is nothing to stop house jobs being "arranged" just like they used to be, with the relevant consultant and student putting each other at the top of their lists of choices. How will a consultant choose between two students who both put his or her house job first on their lists? They could be separated on the consultant's lists of preferences either by ability or by "other things". The former would still have to be assessed and marked, and the latter brings us back to the "who you know . . ." method.

An article in the July 1987 edition of the *Gazette* actually discusses this problem of jobs being "arranged", as early as the second clinical year, in teaching hospitals elsewhere in Britain that do not operate a sign-up system. Although it states the reason as being that there are not enough students in some teaching regions, so the consultants do not want to be left without a suitable person to fill their jobs, there is no reason why it might not happen here too. House jobs at Guy's Hospital itself are greatly sought after, so the students would be at the mercy of whatever "selection criteria" were employed.

The same article also mentions a fact used by some as an argument against the sign-up system, that Guy's is one of only two medical schools in the U.K. employing this system to allocate house jobs. However, just to say that because the sign-up system is not the most common job allocation method is not a logical reason for disbanding it.

If the sign-up system is less than perfect, the answer is not to return to the old system of patronage and divisive competition between students to secure their house jobs. It would be much more simple to think first about how the sign-up system could be improved to make it more fair. If necessary improvements were made, and the students' confidence gained, wholesale change would not be required.

A major advance would be standardising the sign-ups given and putting a stop to unrealistically high grades. First, all the doctors involved in giving sign-ups should be made fully aware of what each grade really means!

A way of increasing the objectivity of the sign-ups would be to increase the use of examinations at the end of each firm. At the moment, many firms include some form of assessment along the lines of an "MCQ" or short answer paper. Very often though, the results only "go towards" the sign-up awarded, rather than dictating it. If every firm ended with an examination of some sort that was used to award the knowledge/ability component of the sign-up grade, this would give a much more objective assessment of each individual student's performance.

A valid complaint against the system at the moment is that it is not standardised across the year. Different firms are "known" for high or low sign-ups, so students feel there is a certain element of luck involved, depending on which rotation they do. This problem could be partly solved if the end of firm examinations were the same for everyone taking them at any particular stage in their studies, as is currently the case for only the first medical firm but not for later or surgical firms. An allowance would obviously be made (or separate examinations set) for special topics covered during a general firm, such as neurology, orthopaedics and so on.

The other simple improvement to the system would be obliging the doctors awarding the sign-ups to write an assessment of each student on the firm. This need not be a long, in-depth and time-consuming appraisal, a few lines on each person would suffice. Such a report would have two advantages. First, it would give the student a reasonable idea of his or her performance on the firm, and any constructive criticism that was relevant could be given for the future. Secondly, it would force the doctors to justify the sign-up marks they award. Obviously an unrealistically rosy assessment of an individual student could still be offered, but the mere fact that this assessment would actually have to be written down and signed would certainly minimise the number of occasions that it would happen. For this system to work, the students must obviously be allowed to read their reports, rather than keeping them in secret files with access denied.

It is true that the sign-up system has many faults, and that it does not have the confidence of many clinical students. However, the alternative system of arranging jobs through lists of preferences would only lead back to the old system that sign-ups replaced. Simple modifications in the way examinations are used, and the introduction of written assessments as outlined above, would increase both the objectivity of the sign-ups, and also the accountability of the doctors awarding them.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

The Mole Report

Mole observed that in recent times we had been honoured by two Royal visits. The first was that of the Princess of Wales opening the Paediatric Russell Brock Ward and then shortly afterwards the Princess Royal opened the Newcomen Centre. Apart from the fact that two important units were now officially functioning, both Royal occasions did much to raise morale. Mole thought that perhaps things at the old Alma Mater couldn't be so bad after all, and might even be looking up, if we could merit two such privileged visits of support. The welfare of the young was quite rightly a top priority, but old Mole, who had some personal experience in this matter, felt that the Senior Citizen was also jolly important. For this reason he was greatly pleased to see that we had been graced by another visitor, none other than Dame Edna Everage (Figs 1, 3) who has dedicated herself to the support of the Prostate (Figs 2, 4), no doubt because of her unfortunate experiences with Norm. Mole, one of Dame Edna's little possums, thought this a most worthwhile cause and one where fundamental research should continue. Surely the occasion should be commemorated by planting a border of Glads in the Park, and he would see to it that Ratty didn't nibble the bulbs – as he was rather apt to nibble at anything.



Fig. 1. The Dame arrives

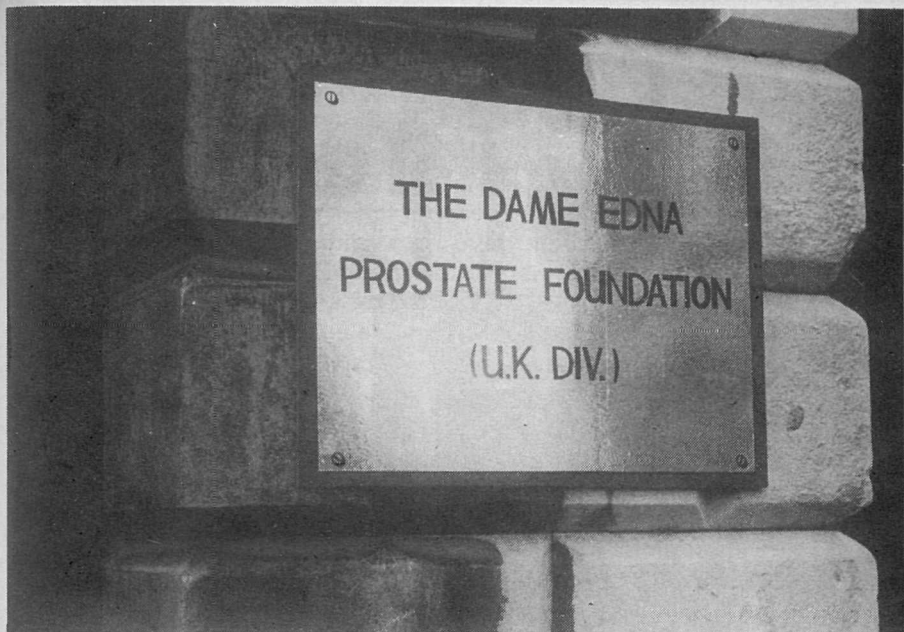


Fig. 2 A new foundation stone



Fig. 3 Some probing questions from Sue Cook

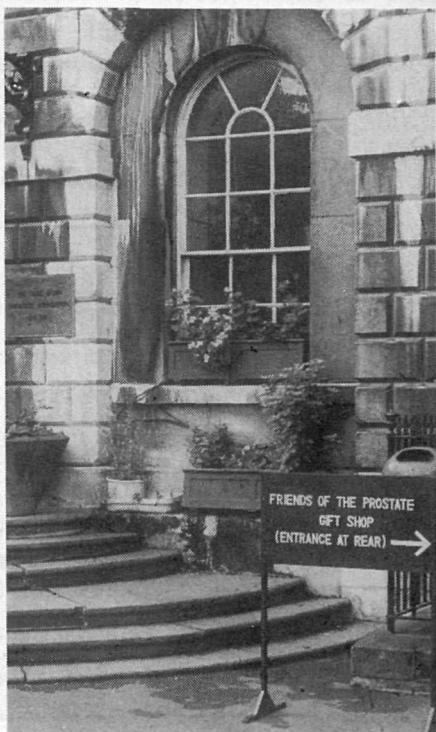


Fig. 4 Front Lodge with sign to the rear



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Founding Days of Physiology at Guy's Hospital Medical School: Part III

by **Caroline Richmond**

*History of Medicine Unit, Anatomy Department,
University College, London*

Marcus Seymour Pembrey took over the Department in 1899. By this time Starling had gone to University College, recruited by his brother-in-law William Bayliss, who only a few years later would come to Guy's to work, despite the famous facilities at University College. Fred Gowland Hopkins had gone to Cambridge, having been head-hunted by Michael Foster, later Sir Michael.

Pembrey had a first in medicine before qualifying at Oxford, and had done research while working as demonstrator to John Burdon Sanderson, later Sir John, founder of the Oxford physiology school. He had originally intended becoming a farmer, and remained a part-time farmer most of his life and after he retired, commuting to Guy's from his farm in Haywards Heath. He had applied for the Guy's lectureship in 1894 when Starling was appointed, and took a job at Charing Cross instead. But Charing Cross was poorly equipped for research and under-financed – in fact it went bankrupt in 1911 and only became solvent after discovering the commercial benefits of admitting women.

Pembrey's main work was on warm-bloodedness, hibernation and respiratory exchange in mammals and he worked particularly on dormice and marmots – hardly the commonest laboratory animals. He showed that when hibernating they showed a sort of Cheyne-Stokes breathing. When World War I came, he used this background to study the physiological effects of army food, clothing, and training.

Dr. William Mann remembers him well: "I was taught physiology by Pembrey and a splendid and eccentric man he was. He did not believe in lectures and his tuition was in practical classes with a deal of Socratic cut-and-thrust and a great deal of fun. Although we had no systematic didactic teaching, we gained all that from Starling's text-book. Guy's was always top of the league in the London 2nd MB.

"I suppose Pembrey's major contribution was his work on metabolism in which he collaborated with J. S. Haldane. I believe this led to their concern with rations, both civilian and military, in the Great War – Lord Haldane, Minister of War, being Haldane's brother."

Pembrey, who disapproved of women's emancipation and of contraception, had ten children. Of his 38 grandchildren, the one who is also called Marcus is Professor of Clinical Genetics at Great Ormond Street. He tells how Pembrey senior, a resolute atheist, was the brother of a clergyman. In later life it is said that his atheism became cranky: he was fond of testing claims for water divining and the like, and produced aphorisms – "accepting apples isn't original sin but a need for (newly

discovered) vitamins", "fasting can't be spiritual – it's self-cannibalism." At the start of his lectures he often gave the dispensation: "All those who are not interested can go."

He had five of his children baptised so the other five may be regarded as controls; the father of the present Marcus was confirmed – and took the cloth after his father died.

Pembrey senior's experiments also included supposedly cycling across Salisbury Plain complete with a rectal thermometer and Douglas bag; placing a medical student in a sealed box and noting that when he became unconscious the air in the box extinguished a lighted match; and disproving the notion that respiration took place in red blood cells. His farming and his physiology combined in some experiments investigating the effect of severing a motor nerve on the gait (measured by painting their feet different colours and recording the footprints) of goats. He would bring the goats up by train from Hayward's Heath to London Bridge, sever the nerve, and "standardise the drive to walk" by placing a goat of the opposite sex some way away. Baker, his technician, was terrified of getting paint over the medical school and would stand the "goal" goat by the medical school door.

Pembrey also had rather strong views on eugenics, feeling that "good stock" such as his own should have plenty of children. His wife – Cecily Craik, a superb artist trained at the Royal Academy Schools – was also his cousin. They had five sons – three doctors and two vets – and five daughters who went into careers such as nursing and physiotherapy. Despite his views on eugenics, some of his descendants have beta-thalassaemia, and have contributed to genetics the best-mapped family tree of this disease.

Clinical Medicine

by Sue de Monas

Well – what's been going on over the past month? The clinical virgins of last month will have just mastered the art of venepuncture – congratulations! The fourth years are scattered far and wide doing their "extra bits" year and the fifth years – oh dear, oh dear – suddenly the Gordon Museum is awash with people avidly inspecting pots, the tape carousel machines clackety clack their way through a long day and Dr. Hutchinson's home video of Spartacus has another airing as the teaching videos are brought out of the cupboard. Poor things . . .

Added to which, future jobs and imminent electives have to be arranged – with last minute scans of the overseas news page to ensure a safe stay free of military coups. CV's hurriedly cobbled together, tell gallant tales of trips abroad, prizes won and interesting hobbies pursued. My C.V. may look something like this:

Name: Sue de Monas

Age: Secret

My hobbies include: Waiting at bus stops, breeding hamsters for Chinese restaurants and idly filling in job application forms to pass the time.

My sizzling academic career has been enhanced by such sought-after accolades as: Second Prize in the Glugmarsh High School Parents' Day Egg and Spoon Race (1969) and First Prize in the Church Fete Gymkhana "Bun-Eat-and-Ride" Race.

For my overseas elective, I spent eight weeks in the departure lounge of Gatwick Airport. I single-handedly delivered a co-ordinated set of Vuitton suitcases including vanity bag and matching manicure case . . . etc.

The problem about electives is the expense. I have devised some useful tips on how to raise money for the trip:

(1) Start a marriage bureau.

There is a lot of profit to be raked off, for it seems that 95% of newly qualified male medics here are determined to get married as soon after their last viva as possible. The summer financial pickings coincide nicely with the travel agent's bill!!

(2) Hold a consultant to ransom.

Prior to doing this, ensure that it is a consultant that the Health Authority are willing to pay money to retrieve!!

Other ideas on a postcard please.

Fashion and Beauty

IN

Printy name stamps

"Le Clip" watches

Duncan Harriss's paediatric fluid balance formula

Telescopic tendon hammers

Any anaesthetic SHO

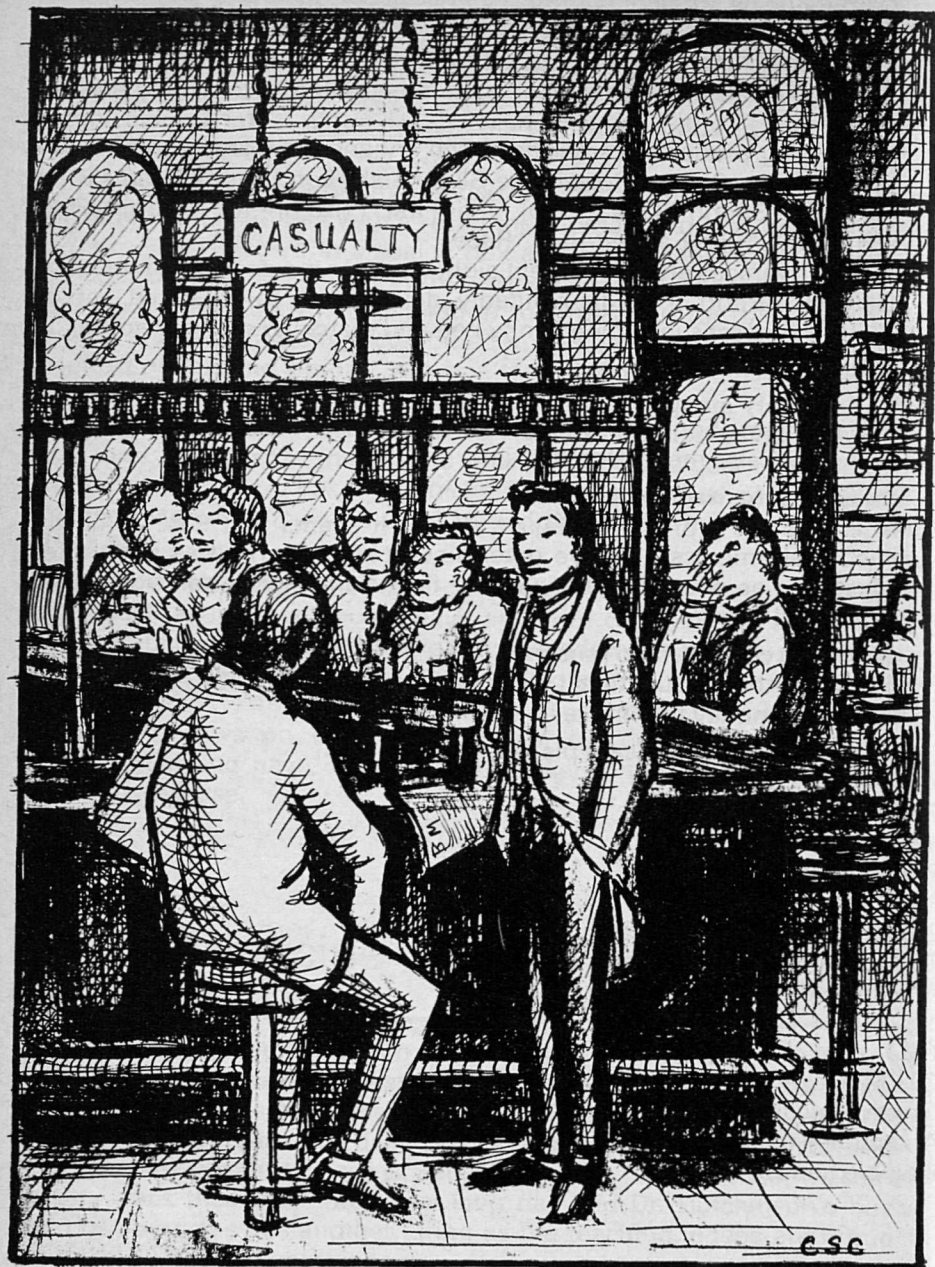
OUT

OTCM pocket book in white coat pocket

Green clinical note paper

Antecubital fossa haematomas

Illegible handwriting



Your round, I think

McGlade and Ward

- W: (*Spilling*) Damn.
- M: (*Rescuing diary, cigarettes, newspaper from brown stain; leaving BMJ*) Women and children first.
- M: (*Frustrated*) I wouldn't mind except that it takes about half an hour to get the bloody drink in the first place. (*Picks up soggy BMJ*) Funny how liquid doesn't affect the paper much.
- W: Special paper. They know how much doctors drink.
- Pause
- W: So what happened to your hand then? That bandage looks a bit of a nuisance.
- M: It was awful. Ruined my weekend.
- W: Ruined your handwriting as well, judging from that cheque you wrote at the bar.
- M: It happened at a bar, as a matter of fact.
- W: Usually does, this sort of thing.
- M: A quiet little pub.
- W: Your local.
- M: Well, not exactly. Wasn't really too quiet, come to think of it.
- W: Not too quiet, not exactly local. Not very little?
- M: Mid-sized. Full of the regulars. Friend of mine and I having a quiet drink.
- W: What happened to your hand?
- M: This black chap next to us, he seemed to be chatting up some woman.
- W: (*Suspiciously*) What sort of woman?
- M: White, middle class, stylish, etcetera. They seemed to be getting along quite well, until some of the local lads started disapproving.
- W: Not exactly of the same racial persuasion, I suspect?
- M: Quite emphatically not black, one might say.
- W: Emphasis on the "emphatically", one might suggest.
- M: So there was a small fight, black chap gets cut on face, I make a discreet suggestion that they calm down—
- W: Not discreet enough, I daresay.
- M: And thus the slashed hand.
- W: Nothing like a nice quiet drink in a nice quiet pub.
- M: Well, we mustn't be too judgmental.

W: That's right.

M: Two sides to every story, or so they say.

W: Look at things from their point of view.

M: If we can find it.

W: Primitive territorial instincts.

M: The local turf.

W: Defending their womenfolk from the invading marauders.

M: The foreigners, come to rape and pillage.

W: Funny-coloured people, come in for a drink.

M: Come in for a quiet drink.

W: The working class heroes, come in for a quiet drink after a long day's work.

M: A quiet drink or two.

W: A few racial jokes or two.

M: A quiet fight.

Pause

M: Had to go to Casualty afterwards.

W: *(Worried)* Here?

M: No, no. This was all happening across town.

W: *(Curious)* How was it?

M: A bit frustrating.

W: A bit slow?

M: Not too bad. *(Pause)* Two or three hours' wait.

W: Gives you a bit of time to relax after your traumatic experience.

M: Hadn't quite looked at it that way before.

W: Have a cup of coffee, sooth your jangled nerves.

M: The coffee machine was broken.

W: A bite to eat?

M: Didn't have the exact change.

W: For want of 20p. . . .

Pause

M: Mind you it's not their fault.

W: Everyone's doing their best.

M: A busy night, pubs letting out, and so forth.

W: The fights breaking up.

M: The faces getting slashed.

Pause

W: Mind you, it could have been worse.

M: They could have had guns.

W: Like in the wild west.

M: Like in those cowboy movies.

W: Like your typical day in New York.

M: Your typical day in the bad part of town.

W: Which one?

M: And they say there you have to pay for your treatment.

W: *(Surprised)* Even in Casualty? In Emergency?

M: Not necessarily. *(Lights cigarette.)* Not if you don't want any treatment.

W: I heard this story once, this boy gets injured somehow, skull fracture, haemorrhage, the lot, take him to Emergency in some hospital in the States, first thing they do is ask for his insurance number.

M: Or maybe his VISA card number.

W: His VISA card number and his Access card number.

M: No such thing as a free lunch, as the Americans say.

W: No tickee no laundry, as they say.

Pause

M: We should be grateful for small favours.

W: The NHS.

M: The doctors, nurses, staff working tirelessly.

W: Despite the obstacles.

M: The difficult patients.

W: The poor conditions.

M: The long hours.

W: The low pay.

M: The obsolete equipment.

W: The broken coffee machine.

M: The alcohol.

W: The alcohol-related accidents.

M: The alcohol-related violence.

W: The slashed hands.

M: The slashed budgets.

W: The spending limits.

M: The cuts.

W: How does it go? "O surgeon, watch that thy knife cut not too deep . . ."

M: The knife giveth and the knife taketh away . . .

W: The knife tooketh. Fewer beds, fewer nurses—

M: Fewer surgeons . . .

W: How does it go? (*Sings badly*)
Mack the Knife wears white kid gloves which
Give the minimum away.

M: (*Sings drunkenly*)
By the Thames's turbid waters
Men abruptly tumble down
Is it plague or is it cholera
Or a sign Macheath's in town?

M & W: (*Badly, drunkenly*)
On a beautiful blue Sunday
See a corpse stretched on the Strand
See a man dodge 'round the corner
Mackie's friends will understand.

And the ghastly fire in Soho
Seven children at one go
In the crowd stands Mack the Knife
But he's not asked and doesn't know.

M: (*Soberly*) In the crowd stands Mag the Knife.

W: But she's not asked and doesn't know.

Pause

M: (*Finishing drink*) Is it my round?

W: (*Dreamily*) I once heard Marlene Dietrich singing that song—

M: I heard it a year or two ago right here in the student production—

W: On a record, of course, not live, but it was beautifully done . . . I think she had just gone back to Berlin to perform for the first time in many years. I was with this friend, we were in my uncle's house in the country, sunlight coming through the French windows, drinking gin and tonics . . . (*Sighs.*)

Pause

M: (*Quietly*)—It's my round, isn't it?

W: She had a beautiful pair of legs. . . .

How regular is regular you may ask? I see to my shame that it is many months since my last (and first) "regular" contribution. I shall be more assiduous in future.

Money, or the apparent lack of it, dominates Hospital life today, and Guy's is no exception. The reasons are complex and in some cases inevitable, but that does not diminish the anguish and difficulty of coming to terms with the realities of the NHS. Guy's finds itself in the "best provided corner of the best provided region of the country" according to the RAWP formula. Financial redistribution proceeds apace both national and regional, but persuasive and persistent argument has significantly modified the RHA's policies in recent months to our advantage, and it is now more than likely that most of our revenue reductions are behind us. It is important to realise though that the major developments in priority care in the district, variously described as self-inflicted wounds or highly imaginative developments depending upon where you stand, have cost Guy's much more money than redistribution. The fact is that although we have lost 15% of our income in the past two years, we are now in sounder financial shape than for a long time – we have paid off our overdraft and are now balancing the books. The number of patients treated has suffered a bit, but this year we are doing better in that respect too. This is a remarkable achievement, possibly unique by NHS standards, and it has been brought about largely by the intelligent and forceful leadership given by Cyril Chantler, the Chairman of the Hospital Management Board. His grasp of the complexity of the issues and his energy are extraordinary and bode well for the future involvement of doctors in the management of hospitals, for it is clear that if we won't confront the issues there are others about who will not be so squeamish.

"Resource management" is a new bit of NHS jargon which has descended upon Guy's. About five years ago our District Health Authority, faced as it was with the imminent prospect of major revenue losses, decided to embark upon an experiment in clinical budgeting. In close collaboration with a team from the King's Fund College we have slowly but steadily been introducing budgets for clinical activity, but the speed of this development has been largely determined by the need to set up computer systems to provide budget holders with acceptably accurate and timely information. It has been a costly and, at times, frustrating business, but we have been helped by the Special Trustees, the NHS Management Board and the RHA. Budgets are crucially linked to our new management structure of Clinical Directorates, about which Cyril Chantler has written in a past number of the *Gazette* (July 1985), and the intention is to have a budget for each firm or clinical department with which to treat an agreed case load. On the basis of the work already done Guy's has been designated as a "second generation resource management site" which, being translated, means that

we are getting more financial help to install systems to run and manage the hospital well, and the help of the King's Fund College with management education and training for our staff, and with other interesting tasks like defining our objectives for the next few years, and planning how we may achieve them. In exchange the NHS Management Board and the NHS Training Authority are taking a keen interest in what happens at Guy's in the hope and expectation that lessons will be learned which will be useful elsewhere in the NHS.

As I wrote last time, Phase III is seen by all of us as the light at the end of a dark tunnel. Planning continues in a welter of operational policies, schedules of accommodation and room data sheets, but the main concern of the past few months has been to ensure that the building opens as soon as it possibly can. This has meant a lot of negotiating in high places to break the traditional NHS mould so that we can benefit from modern contracting and building methods which could reduce by nearly a half the time it will take to finish the project. The struggle is not over yet, but significant advances have been made, but at a cost of some delay. Nevertheless, if it can open in 1993/94, it will have been well worth the effort.

The hurricane wrought £70,000-worth of unbudgeted damage to the roofs of the East Wing and Hunt's House, but at least the big plane trees in the park survived without too much mutilation. Let us hope that the winter has spent its wrath so that our hard-pressed beds are not strained beyond endurance by more bitter weather.

Max Rendall
Clinical Superintendent

Guy's Hospital Gazette



IMPORTANT NOTICE TO ALL SUBSCRIBERS

With effect from 1st January 1988, it is regretted that the subscription rate will be increased. The rates will be as follows:

Normal subscription – £12.00 per annum

Retired subscribers – £6.00 per annum

The *Gazette* would be most grateful if readers would bear this increase in mind when returning their bankers order form.

Existing subscribers, please cancel your £10 bankers order and amend to £12.

THANK YOU FOR YOUR CO-OPERATION

Conscious Sedation Course For DSA's

The first Post Certification Course for DSA's under the guidance of the Standards, Training and Advisory Board (STAB) will be held at Guy's in January. It will cover two days and include the following topics: management of anxiety, emergency procedures, medico-legal aspects, anatomy, physiology and pharmacology, special care of sedation patients, inhalation and intravenous techniques. Emphasis will be placed on the practical sessions and will include lectures, films and demonstrations.

An examination leading to a certificate, to be awarded through the National Examining Board for DSA's, is expected to be available sometime in 1988. Applications for the course so far indicate there is a popular demand. Further details are available from Diana Wincott, Principal DSA, on 2955.

Caveat the Dentist

A couple of cases recently reported in the U.S.A. give cause for alarm to students of dental jurisprudence in the U.K. The first involved a settlement of \$200,000 for a patient whose dentist failed to diagnose periodontal disease. The second was a finding against a dentist who prescribed tetracycline for a female patient. The female was also on a contraceptive pill at that time but became pregnant. In judgement, it was decided that the antibiotic had acted as an antagonist to the pill and the dentist was committed to financially maintaining the resulting child to the age of eighteen years.

Correction

Dr S. J. Challacombe (Guy's) and Dr. P. D. Marsh (Porton) have recently been awarded a grant of £56,760.00 for their joint project entitled "A study of age-related changes in specific and non-specific oral immunity in relation to normal and pathogenic oral flora". This award was made by the Hayward Foundation and the project is one of a number sponsored by the Dental Research Strategy Group which was set up following the publication of the Butterfield Report in Dental Research. Professor Declan Anderson was Secretary to Sir John Butterfield's Committee and is also Secretary to the Dental Research Strategy Group. Professor Anderson is the visiting Professor in Experimental Oral Physiology of the University of London at Guy's.

It is very important to give the Hayward Foundation its rightful recognition especially since Dr. George Houston (ex-Dean) is one of the Trustees and may still read the *Gazette*!

Congratulations

To Claire Allen who qualified in December 1985, and has recently won the dentists' and general prize for the best project undertaken by a

vocational trainee in the United Kingdom. Claire was on the Brighton vocational trainee course run by Mr. Ian Nelson last year, and her trainer was yet another Guy's graduate, Ian Redfern (1977).

Thanks

To Beverley Bolt, Receptionist in PD, for organising the Sponsored Three-legged Walk for the Special Care Baby Unit.

To the three-legged walkers who raised £1,005 in that event to buy two apnoea alarm systems for the Baby Unit.



Dr. Stimmler and Sister Nicoll with the new Apnoea Alarms presented by Beverley Bolt (right) and Professor Naylor (left).

To Lisa Conway, receptionist in Dental Registration, for handing in lost property: a wallet containing £850. The loser was reunited with his property, singularly unimpressed. Our thanks are in addition to his reward of a Guy's china mug.

To the DSAs who braved hurricane Len and were such a warm support for Pat Barclay, Clinical Administrator, in her ordeal by wind on that terrifying day.

To Dr. Tony Selman, Pooh Bah of the Works Department for the splendid anti-graffiti lift doors and a promise of completely new lifts and telephone exchange in 1988.

No Thanks

For the promise of an obstacle course trying to reach the Dental Hospital and School while modernisation of the Tower Reception is underway.

Michael Maberley

Physiotherapy

Given the standard of their present training – at actual degree level in some centres, at degree-equivalent level elsewhere – should physiotherapists be able to work as first-contact practitioners, i.e. drag 'em in off the streets and treat 'em, or should they continue to await a reference from their medical colleagues? Or from their dental colleagues, for that matter, because from way back a registered dental practitioner could authorise or initiate physiotherapy for his patients. Presumably this was supposed to relate to the face in some way, but it was not obviously restricted thus.

Older readers will recall that the prescription of physiotherapy was expected to be as precise as the prescription of chemotherapy – this much to be given so many times a day to that part of the body. In fact, some of our older readers' contemporaries still believe this to be the appropriate form. It did seem odd thus long ago that people, many of them ex-services, who had for years been taking crucial – literally vital – decisions should need to have it all spelt out quite so restrictively.

That extreme of precision evidently appeared excessive to the prescribers – or some of them, anyway – and an age of enlightenment, *glasnost* even, came into being, wherein it was recognised that the prescribers had better things to do with their time and that the recipients were competent to make a treatment choice in the light of a well-considered diagnosis. Physio-lib – this was in the age of actual or metaphorical bra-burning, one must recall – had come about.

What next? Is it realistic or reasonable that the basic requirement should remain for the doctor to propose, the therapist to dispose? Yes, No, Perhaps. . . . Our professional body moved boldly towards the concept of our being first-contact practitioners, and chartered physiotherapists were deemed capable of treating patients on their own initiative, accepting the responsibility if that initiative were misplaced or inept. After all, we teach our students to make their own assessment of their patients and it is long established that the referring doctor should not expect to specify the treatment modality. We also teach our students to recognise their own limitations, and to appreciate that, whatever their special skill in a special area, they lack, of necessity, the broader purview that their medical colleagues could be expected to possess and the diagnostic aids upon which they can call.

However, the state registration body appears to have dipped its toes in the water and, finding it unexpectedly hot, to have retreated to a posture of dependency on medical referral. We now, therefore, have two codes of professional conduct which fail to coincide, a discordancy which is faintly embarrassing. As we are on the eve of a Very Important Year for Guy's physiotherapists, it would be gratifying were you to concede us an appreciation or awareness of our competence and ability to behave

sensibly in our own right. There may be fools amongst us, but surely no more than there are among you? A concession that is an affordable Christmas present, one might think.

Ronald Cooper



Getting Away From It All

Have you ever noticed, as a nurse, how difficult it is to get away from your job – I don't mean just physically when work is pressing and hands are few, that it is difficult to finish duty on time, but when you are well and truly 'off duty' your profession as a nurse arises in conversation, or you are called upon to offer a word of advice here and there.

I was travelling to Hampstead one Saturday evening earlier this year, passing through London Bridge Station, when a little voice called out to me as I was ascending one of the flights of stairs which take passengers to the bridge interconnecting with all the platforms. I looked around and saw an unfamiliar face of an oriental girl; she asked me if I would be kind enough to carry her case for her as she was finding it a bit difficult. This I, of course, promptly agreed to do. While waiting on the platform for a train to Charing Cross, this girl looked up at the looming Tower of Guy's. As it was a Saturday evening the station was quieter than on other weekdays, and the noise emitted by the Tower's air conditioning system could be heard quite clearly. She assumed this was a factory, and asked me if I knew what it was. After enlightening her about the kind of 'industry' carried on at Guy's, our conversation soon led to my disclosure of employment at Guy's. Thus I also discovered that she was a nurse, and after travelling with her on the train to Charing Cross a whole range of the professional vista had been discussed.

Having taken the tube on from Charing Cross to Hampstead I arrived at a College there to assist at an evening party. I was there to help with the booze, ladies were preparing the eats. Amongst those I knew, as far as I was aware, none were nurses. But, that didn't matter, it wasn't long before I was introduced, as being a member of our honourable profession. The lady to whom I was introduced was not a nurse herself, but though now retired, had spent many years as a journalist on the staff of one well known nursing periodical. I mentioned I had contributed articles to the journal in question, and recalled an editor of many years ago with whom I had had dealings; oh, that one, she responded, could clear a bottle of gin before lunchtime! But, of more interest, was this former journalist's comment, that it was often

difficult to find nurses who would speak to her without reserve. They always, she averred, appeared frightened of defending themselves and their profession.

On another occasion, when I was in a bar in the West Country, the barmaid was recalling her previous occupation, as a student nurse, how she hated the job, and what she hoped to do in the future. She didn't know what my employ was, and until I asked her what she thought my job was, probably didn't care. But it was interesting to hear how petty-minded she had found the hierarchy where she was in training. What an oft heard complaint, I thought; whether justified, it is always hard to say. So, once again I had found, how hard it is to escape and get away from it all – and, oh yes, she considered I must be a farmer!

Denis Cobell

Book Reviews

Psychiatric Differential Diagnosis. J. M. Pfeffer and G. Waldron. 199 pp. £14.95. Soft Cover. Churchill Livingstone.

The Department of Psychiatry at Guy's does not recommend a specific text to accompany the 4th year attachment and in the eight months I have been holding seminars with them the students have not asked my opinion on the books available. This may reflect the reluctance of undergraduates to read further than the lecture handouts. It may be that they experience Psychiatry as confusing and don't wish to be further confused or that they all know that the only book they need is Dr. Stafford-Clark's.

There is now a fair selection of specific undergraduate texts to choose from and for those who want a bit more detail the excellent Oxford Textbook is the obvious choice, both for undergraduates and post-graduates. All follow the standard approach based on classificatory systems.

Psychiatric Differential Diagnosis uses a different format, first used in *Tutorials in Differential Diagnosis* (Pitman, 1982). Its chapters are based on commonly present-

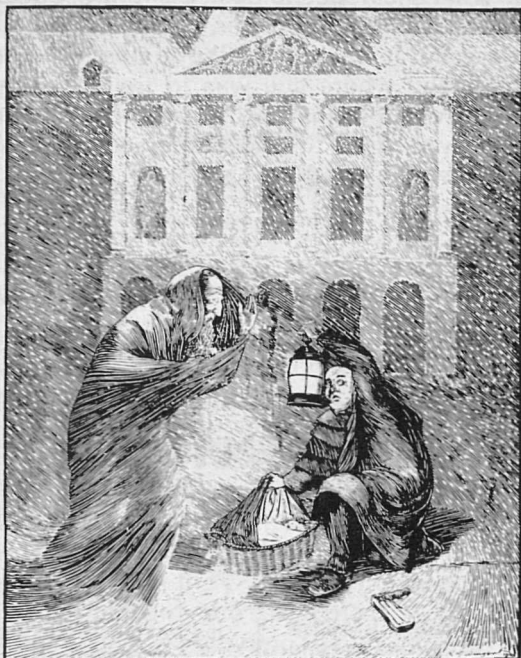
ing symptoms and problems ranging from "Funny movements" and "Failure to cope" to "Strange ideas", "Confusion" and "Funny turns". The chapters are concise, well organised and authoritative. The tables are well designed and the case histories are illuminating examples of the value of a formulation based on the psychiatric interview.

The format allows discussion of topics frequently encountered in settings other than the psychiatric such as GP surgeries, Accident and Emergency Departments and Medical wards (e.g. somatisation, alcoholism, organic brain syndromes, domestic violence and dysmorphophobia).

Although aimed at undergraduates and postgraduate MRCPsych and MRCP students, I agree with the authors that GPs and other mental health professionals will find its novel approach both stimulating and informative. My students would be well advised to dip into it.

CAIT GODDARD
Senior Registrar in Psychiatry

Guy's Christmas Cards



This year's attractive Guy's Christmas Cards are now available of the drawing by Ralph Wingent.

The cards cost 15p each (including envelopes) and can be purchased from the Gazette Office, 23b, St. Thomas Street, SE1 9RT (Telephone 01-407 7600 extension 2023). Prepaid orders will be promptly despatched. Personal callers are welcome. (Postage and packing extra.)

If you can't think of a suitable present, please remember our other offers advertised elsewhere – which include hospital prints, notelets, key rings, credit card holders, plaques, pewter tankards, goblets and playing cards in a crested leather case.

Correspondence

XYZ

Dear Sirs,

On completing the fourth year, one might reflect on having a name at the end of the alphabet:

For psyche I was revved up and keen,
But found myself distant at Hither
Green;

Being seconded to one's second choice,
But oh, Canterbury – there I rejoice.

GP training gave us no chance to peak
Missed most sessions – exams that
week.

The "Skin and Eye" seems to be fair,
Wells and Watson – perhaps they're
aware.

Doing "duty" with kids can be fun,
Except when you find you're the final
one;

Projects to type, then to present,
Exams all done and you're all spent.

Trivial to you this may appear
Much of the fun has gone out of my
year.

All this after BMS I and II,
When most of one's chums came after
U.

Mixing us up would be much better for
all,

Then more of the year my name they'd
recall,

So when you divide us, my plea would
be,

Please don't use the A B C.

DEBRAH ZEBEDEE

Adieu

Dear Sirs,

My retirement on 30th September, after 35 years on the staff of the Dental School, was marked by a number of expressions of goodwill and I would like, through the *hospitality of your columns* to thank all those who contributed to making the occasion such a memorable one. To the staff of

my department a special word of thanks is due for entertaining me to a very enjoyable dinner on the last day. On Friday 9th October about a hundred of my friends gathered in the Robens Suite for what, to me, was a most joyous occasion. A great deal of research had gone into compiling the guest list which included many former members of my staff, including one who travelled from County Durham. That so many came on such an inclement evening was characteristic of those who have supported me so loyally over the years.

To all those who were present and to those who contributed so generously to my farewell cheque I would like to express my sincere gratitude. To my successor, Dr. John Walter, I send my best wishes for the future and a special word of thanks to him and to Marina Franic for organising such a splendid send-off.

Yours faithfully

DERRICK J. NEILL

Hurst,

Clenches Farm Road,

Sevenoaks

Kent TN13 2LU

Anatomical Address

Dear Sirs,

At this season of goodwill, I would like to use your columns for a widespread message of goodwill.

For 30 years I had the honour and pleasure of serving Guy's Hospital Medical School as University Professor of Anatomy. During that time, I estimate that at least 3000 students passed before me, and perhaps some 300 post-graduates, both local and from many other parts of the world. From all of them I learned much, and can only hope that they think the same of me.

I am still in touch with a few of them; my dear secretary, Margaret Collins, kept a superb address book, which I still possess, but deprived of her help – and alone – I am *incapable of corresponding* with more than a few of the dear people who enriched my life.

Guy's has always been a cosmopolitan spot and I strive to the utmost to sustain this warm policy, with which I utterly concur. Consequently my address book contains, apart from student friends, details of men and women from at least 30 countries who came to work with me. I long to write to each of them, to tell them that they, like so many of my students, are still held affectionately in the memory of an old man. But even were all the addresses still correct (which they are not), the task is well-nigh impossible, even

though I still manage at least five letters a day.

May I therefore use your pages to say to all of them, including many old colleagues in other departments, "You are still in my memories and warm in my heart."

Yours faithfully,

ROGER WARWICK
c/o Department of Anatomy,
Guy's Hospital Medical School,
London SE1 9RT

Sport

RUGBY CLUB **Old Whitgiftian's v Guy's Hospital** **Won 11-18**

Guy's started this second league match in confident mood as we had beaten this side in similar conditions at the end of last season. Whitgiftian's won the toss and elected to kick off up the quite considerable slope. A biggish crowd (by Guy's current standards) had turned out to see the home side exact revenge for their defeat last time. They were soon given evidence that we were not to be taken lightly. In the first scrum Guy's rumbled them back downhill after loose play had not shown any superiority one way or the other between the two packs.

Paul Chew at flanker began a storming game after about 10 minutes by picking up a loose ball which had been kicked on by the Guy's backs and diving through for the first score. He was in the thick of it again a few minutes later when the pack won another ball, the half backs went blind into the opposition's 22 metre area and linked with Bevan on the left wing. He drove on and passed to Chew who dummied to the forwards inside sending the remaining defence the wrong way. He shrugged off the flailing arms and went over for his second try.

Whitgift replied with a try and a penalty before half time so Guy's knew they still had it all to do uphill in the second half.

The Guy's forwards held steady despite the incline and won enough ball to give the strong backs a number of incisive runs. Eventually Andy Hall at fly-half broke the line and made forty yards before passing out to Bevan who went over in the corner. Llewellyn completed his hattrick of conversions with a magnificent kick from the touchline.

Whitgiftian's were rewarded for their efforts with a consolation try ten minutes from the end.

Guy's had scored their first league points and proved themselves capable of turning in a respectable performance under the new pressures.

Guy's Hospital v Blackheath **Won 18-15**

The oldest rugby fixture in the world is now reduced to a Tuesday night. The referee didn't turn up so we had to coax a Blackheath official into his kit; and players rushed in late from clinic and work.

It sounds like a fixture before league positions and organisation were the dominant factors. And so it was - 80 minutes of exciting, committed rugby with the joy of the game and historical precedent being the only things at stake. Guy's played brilliantly. In the first scrum we pushed them back and the backs ran every which way and loose. It continued this way against stronger, more

highly trained and on paper, better opposition. Blackheath do not field their strongest side on these early season Tuesday night games – they pick a side to beat their opposition. But it's down on their list as a 1st XV game and Guy's suppressed them.

The forwards did enough to win a fair share of ball and our backs looked dangerous with every possession. Lightning passing and straight running by Guy's, opposed by good tactical play meant the first 15 minutes were to and fro up and down the field. Eventually Llewellyn scored a penalty after Guy's had held Blackheath in their own half for a few minutes. Then the prolific Bevan went over for a try in the left hand corner converted by Llewellyn. Blackheath managed a penalty in return. A half-time lead of 9-3 induced Nigel Poole to remind us of Waterloo, Dunkirk and rugby history.

I cannot remember the second half of hectic activity. Guy's backs ran and tackled, the forwards pushed and lolloped about the field. Llewellyn added another three points as Guy's pack forced Blackheath to an error and Richard Hunt, the prop, forced himself over under the posts for Llewellyn to convert a few minutes later.

I understand that Blackheath scored a few points as well, but not enough to prevent the final whistle being a moment of relief and exultation.

Guy's were physically exhausted, bruised and, in some cases, bleeding – but victors. And victors in this match for the first time in some forty years.

It was a pleasure to have played in such a marvellous game and to have drunk deeply in high spirits afterwards.

Kim Conchie

All The President's Men

18th October 1987 marked the unveiling of the Guy's Hospital RFC honours board in the Clubhouse at Honor Oak Park.

It was an auspicious occasion which started at 1.00 p.m. with a buffet lunch for past and present players, supporters, their wives and girlfriends. Everybody was in exceptionally jolly form except for those playing rugby in the afternoon who spent the time egging their opposition into drinking more than they themselves were – one of the effects of increasing competition within the game I suppose.

Lunch was followed by the unveiling ceremony. Terry Gibson, President of Guy's RFC, made a speech welcoming all, launching into a heartfelt and well-received remembrance of rugby union past and present both at Guy's and around the world. He particularly made mention of Guy's unique position in rugby's history as the oldest club which therefore makes it privy to more developments, ups and downs and the innate humour which pervades the game than any other rugby institution. He concluded with an equally well-received story about a man with haemorrhoids who didn't know where to put his suppositories before introducing Mr. Gerry Gilmore, consultant surgeon at St. Bartholomew's who is currently president of United Hospitals' RFC.

Mr. Gilmore expressed his pleasure at being asked to perform the happy duty and spoke of the warm welcome which he and all rugby lovers always enjoyed at Honor Oak Park. On a serious note, he expressed his concern that the UMDS merger threatened to end the prestigious history of Guy's Hospital RFC and his equal determination to prevent this happening. His insistence that Guy's RFC should retain its time-served identity and "magnificent grounds" was met with the biggest applause of the day. This is obviously a matter which Guy's men and rugby players throughout the world consider very important to the future of the game. In a lighter vein he made mockery of the character of St. Thomas's (Guy's proposed partner in UMDS) students and commented on the fact that a sign outside that hospital appears to indicate that "Guard dogs are operating" in their theatres. He ended his speech with the unveiling of the magnificent honours board. The beautifully carved and designed board details presidents, captains and internationals of the club as far back as 1870. Particularly impressive is the Guy's crest topped proudly with the words "Founded in 1843"; and the fact that a large space has been left for future international cap winners! The honours board is a real adornment to the clubhouse and will, no doubt, inspire future members with the long and glorious history of their club.

After the board had been admired and old team photographs pored over, players drifted off to change for the second major event of the day – the match between Guy's Hospital 1st XV and the President's XV.

Kick-off was at 3.00 p.m. on a bright sunny



The Guy's Team



All The President's Men

afternoon ideal for festival rugby. Players, spectators and referee R. Brown (himself an ex-Guy's man) were not disappointed. The President's three-quarters started in magnificent form with several open running movements culminating in two early tries by Hopley and Malucci. At this stage Guy's could but wonder in admiration at the speed, strength and handling of their opposition. Whenever the ball was won President's ran it no matter where they were on the field. This strong start coupled with the fact that the President himself, playing in his usual position at hooker, took one against the head, led them and spectators to believe they were to see a feast of running rugby.

Only 15 men thought differently, Guy's pack slowly began to dominate line outs and scrums with Ben Stanhope, the ex-England schools hooker, being highly instrumental in both. Eventually a scrum won near the President's line put the ball out to Guy's fly half Neil Davies who made a jinking run in to score just to the right of the posts. This score which Llewellyn converted to add to his penalty saw Guy's 9-8 half-time leaders.

In the second half, Guy's pack turned the

screws still further despite the excellent efforts of the President's back row in the loose and the continuing threat of their three-quarters whenever they got the ball. Another try, by Bunting, after more good set scrum ball and three more penalties by Llewellyn after scrummage infringements put Guy's ahead 21-8 and seemingly home and dry. They relaxed and let the opposition backs into the game again. In quick succession the President's backs ran downfield for a second try by Malucci and, straight from the restart, Bayley went over in the other corner. An earlier penalty for President's meant the game was now teetering at 21-20. Guy's held on and, in the dying minute, centre Allan Jones broke through almost to the line and passed the ball over his head to Adrian Watts in support who dived over just to the left of the posts at the clubhouse end. Llewellyn "the Faultless" converted, the whistle went and Guy's ran out worthy winners at 27-20 in a most enjoyable game played in excellent spirit and conditions.

The game complemented the occasion and the day had been enjoyed by all - as were the evening celebrations.



Line-out Action

Notable amongst the guests were several ex-captains – Terry English, consultant surgeon in the transplant department at Cambridge, Tom Lewis and Steve Challacombe to both of whom the club owes a great deal, C. W. Pook, M. Danford, Brian Keevil, Nigel Poole (who captained the Guy's side on the day), Richard Docker and the current club captain Charlie Beardmore both unfortunately injured at the moment.

The success of the day was attributable to Terry Gibson, the hard work of Eric and Joyce Dann and the festival spirit in which both players and guests played their parts.

Kim Conchie

Teams:

Guy's Hospital: W. Llewellyn, D. Pierri (Rep. M. Coleman 40 mins), A. Jones, S. Bunting, G. Bevan, N. Davies, N. Poole (C), P. Chew, J. Barwell, A. Watts, K. Conchie, G. Thomason, E. Cheah, B. Stanhope, M. Seare.

President's XV: F. Wadworth (St. Thos.), C. Malucci (UCM), P. Hopley (St. Thos.), J. Macintyre (St. Thos.), C. Swart (Wm/ChX), A. Maclean (London), G. Bayley (St. Thos.), J. Millo (Royal Free), D. Stock (Royal Free) (C), W. Hogan (Guy's), J. Tuckley (Royal Free), J. Hyde (UCM), M. Solan (St. Thos.), T. Gibson (Guy's), M. Popplewell (Guy's)

BOAT CLUB REPORT

This season started with so many keen people that trials were held and three men's VIII's and three ladies VIII's took to the water. The dedication is such that we are now training in the Pavy Gym twice a week, with nearly 30 people turning up regularly, and rowing three times a week for the 1st VIII and twice a week for the other crews. Thank you to the old Guy's Oarsmen who are coaching us every weekend and helping raise the standard of Guy's rowing.

The first event of the month was the Fours Head. All crews rowed commendably with the 1st men's IV coming in at 16:02, 2nd men's IV 17:05, 1st ladies IV 17:35 and 2nd ladies IV at 19:19.

The VIII rowing picked up with the arrival of our new boat, George Houston II. This is a carbon fibre Janousek Racing Boat and is lighter and stronger than any other boat we have. We are very grateful to the Veteran crew, who generously gave us this boat.

The United Hospitals Boat Club AGM brought a surprise when Guy's were voted in as this year's officers; making Simon Huins, Stephen Andrews and John Crossman, Captain, Treasurer and Secretary respectively. The most surprising part of the evening was when we realised we were left with only three weeks to organise the U.H. Sprint Regatta. An emergency meeting was held that night to work out what was entailed in running a regatta. Thanks to Stephen Andrews and John Crossman's fantastic efficiency the letters, entry forms and rules were in the next day's post.

Three weeks and not much sleep later, the first race was set off at 10 a.m. in the wrong direction as the tide had not turned as scheduled. The umpires having insisted on their radio handles being Rubber Duck, Jaws and Shark, ran the day's races with almost perfect punctuality. One minor hitch came when an eminent member of the 1st VIII tried to start the Bart's motor launch in front of the Bart's crew. Pulling enthusiastically on the starter cord, the engine jumped into life, catapulted him back into the boat and then stopped, leaving him stranded up the river, 5 minutes before the 1st VIII were about to race.

The training and coaching paid off with Guy's winning six of the total events, more than any other hospital. The men's 1st VIII won Senior C VIII's. The 2nd VIII only just missed winning the novice VIII's; however, four of them went on to win the Novice IV's. The Ladies 1st VIII won the Junior VIII's so easily they looked good enough to win Open VIII's. The Ladies 1st and 2nd IV's took the trophies for Junior and Novice IV's. Congratulations to all Guy's crews and may they be as successful in the Allum Cup next week.

The presentation was held in our boat house, the tankards being given out by Mrs. Gleeson. Many thanks to her, Mr. Gleeson, the Chief Umpire, and all those who helped; especially Charles Peebles, Jo McCurry, Helen Gaylard and Tony Rose, the PA man. Thanks also to Andy Goode and Nikhil Patel who organised the finish line, having some trouble from the owner of the back garden they were stationed in.

Feedback from the other hospitals suggests that it was the best organised and most punctual U.H. Sprint Regatta in recent years. Festivities ended rather rowdily in the Market Porter with many of the pints being drunk from tankards won.

P. Lunge



The 1st VIII in their new boat



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Men's 1st VIII: M. Bould (bow), S. Andrews, D. Quick, C. Peebles, J. Sharpley, D. Pullan, T. Watts, S. Huins, R. Miles (cox)

Men's 2nd VIII: N. Tomes (bow), D. Maudgil, C. Huseyin, S. Mehta, M. Heffnan, A. Williams, J. Crossman, S. Pryke, A. Goode (cox)

Men's 3rd VIII: S. Lovegrove (bow), Rory, S. Manara, A. Mosahihi, V. Tanna, M. Patel, M. Butcher, Tim, C. Beecroft (cox)

Ladies' 1st VIII: S. Cockayne (bow), K. Godber, S. Robinson, G. Skailes, H. Gaylard, C. Barnwell, S. Griffin, J. McCurrah, A. Renshaw (cox)

Ladies' 2nd VIII: G. Srivatsa (bow), D. Smith, E. Gibson, S. Chan, J. Wong, J. Cripps, C. Killick, E. Nicholls

Ladies' 3rd VIII: C. Burt (bow), Sheila, C. Gleeson, S. Luen, C. Tothil, C. Bates, C. Beecroft, D. Bessey

ATHLETICS CLUB

U.L. Colleges Winter Athletics Championships 1987

Despite the fact that clocks went back one hour the night before thus upsetting the delicate metabolic balance of the human machines that make up our athletics team, eight people managed to arrive on time. Justin of course, was late.

Imagine the scene – a cinder track which is a relic from the days of Chariots of Fire, a clear October sky (i.e. a day cold enough to make you want shorts like they wore in those days), about thirty brave heroes and heroines ready to do battle with the elements, each other and hangovers.

Perhaps it was optimistic to expect the event to start on time. At least that allowed Justin to arrive before we finished. The real problem was the official. He was a sort of plump Andy Capp with the ego of Adolf Hitler, determined that the high jump would start on time even if it meant no one could compete because the numbers had not arrived on time. It's people like him who probably decided that we all must adjust our clocks twice a year, but won't let us know when to do it.

Entropy – definition: that quality which abounds in our team – organisation. If only Eli Elson had turned up as she promised. Next time I'll get her to promise not to arrive. As it was we managed to enter most of the team for most of the events.

Some people are so gifted, they get right up your nose. Justin Sims is such a demigod. Faster than last night's curry, with a blond plume that can be seen peeping out from behind a worshipping female at parties, and that quiet gentle manner that makes you want to hit him. This man can turn his hand to new events so easily that you never want to triple jump or throw a javelin again. I'll bet the sod can pole vault too.

Jeremy Worth also has a problem with timekeeping. I wonder, should he swap his bullworker for an alarm clock? No, better still, swap the Carmen rollers for one. He can however discharge shot like a cannon, and can even jog. Do his abilities know no bounds? His hair certainly doesn't.

Ed Heeley has the keenness and speed of the autumn winds. So keen in fact that you wonder why he is at Guy's. This man has so much stamina that he is able to do lap after lap, leaving you thinking how can someone who is supposed to be intelligent be so stupid as to run round in circles for so long? If there is one thing capable of beating Ed, it's Keir Powell. Scientific tests have proven that Keir keeps on going longer than ordinary batteries. He managed eight events in 2½ hours despite Adolf in the flat cap.

Ron Simon, he do run Ron. He run real well. He can't half high jump either. Actually he can't high jump at all, but that was all my fault for talking him into trying it. His running more than made up for the high jump. Another high jump failure was Adnan Tufail. He failed to get Adolf to allow him to enter. In acute depression because of this rejection, he attempted suicide in the 800m. Thankfully he recovered and lived a full and happy life as a triple jumper.

Dominic Yu is a disguised ejector seat, or else he has one fitted in his underpants. The speed of his high jump approach would be shamed by a senior citizen on pension day. Suddenly he takes off like a missile, and often he is hell bent on destruction because he doesn't always take note of where the landing mat is. Kate Williams, a one woman team was able to defeat whole relay teams single-handed. Kate has of course an extra foot which compensates this disability. Unfortunately there was not a three-legged race this year.

The final member of the team is a black hole of talent. As always when worried and in charge he was as calm as a headless chicken. His poor performances were an

insult to the rest of the team who bore the handicap well. To such an extent in fact as to secure first place despite me, or was it to spite Eli? Whatever the case, we were officially a UMDS team. Thommie's however followed Eli's lead, so it was really a Guy's victory. The team of Jeremy (Carmen) Worth, Justin (demi-god) Sims, Keir (Duracell) Powell, Dominic (underpants) Yu, (He do run) Ron Simon, Ed (Windy) Heeley, Adnan (Kamikaze) Tufail, Kate (Yard) Williams and yours truly did us proud by the simple process of successfully setting alarm clocks.

N.P.M. (Capt. emeritus)

FOOTBALL CLUB

Guy's II	4	Liverpool	3
Guy's II	0	LSE II	3 (ULU Cup)
Guy's II	0	CHXW II	6
CHXW II	2	Guy's II	4 (UH Cup)
Kings II	1	Guy's II	4

Can we have a more coherent report next time please? - Ed.

Hospital Information

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DEATH

HOLLAND, Dorothy L., S.R.N., S.C.M., D.N. Died peacefully at Bridgnorth on 25th September 1987. Trained at Guy's 1918 to 1922. Sister Stephen Ward until 1924. Sister Tutor in Charge of the Preliminary Training School 1926 to 1939. Sister Tutor at Addenbrookes Hospital until 1942 when she returned to Guy's as Sister Tutor until her retirement in 1956.

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PERSONAL

DENTAL SURGEON required January, to join 1982 graduate. Caring attitude essential. Cambridgeshire. Please phone John Pennington, 0487 822506.



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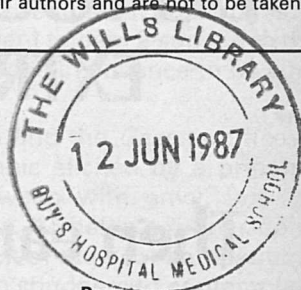
DENIS COBELL

MANAGER

SYLVIA RODD

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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According to the Shorter Oxford English Dictionary, the word "passimeter" entered into the language in 1923. It means "an automatic railway ticket-booking machine", and as a word it does not appear to have met with much success. I came across this vital piece of information when it struck me that, having written several *Passims*, I had no idea what "*passim*" meant, fondly imagining it to be a polite way of saying "drivel". It transpires that "*passim*" is a respectable Latin adverb meaning "scatteredly". Why anyone should think the editorial column of *Guy's Hospital Gazette* to be scattered escapes me, but there we have it, from an impeccable source.

Enough philology. The reason for these wanderings is that I have just returned from my U.K. elective which, contrary to popular belief, is a deeply stressful experience. A great deal of application is required if anything is to be gained from an elective. For example, if you want to gain a sun tan in the Channel Islands, you need to apply at least a decade in advance to be sure of a place.

Anyway, I arrived back from the elective to find the *Gazette* office in chaos. Well, not exactly in chaos. The blind panic elicited by a printers' deadline would make the average examiner weep with envy, but my prize-winning co-editor is immune to such things. As befits a runner-up in the *BMA News Review* Medical Student Journalist of the Year competition, he reverses entropy with the stroke of a pen. One shudders to contemplate the supernatural powers of the winner.

Although culture is something that we in the *Gazette* office normally try to avoid, it has to be mentioned that a great artistic milestone has been passed in the world of cinema. Those of you who have already seen "*Little Shop of Horrors*" will be well aware of its moving and insightful portrayal of the dental profession. The film shows a dentist attempting to come to terms with the tensions that lie just beneath the surface of any interaction between health professional and patient, tensions which in this case revolve around sado-masochism and the liberal personal use of nitrous oxide. Needless to say, the dentist comes to a tragic end.

Our front cover this month is a photograph of Dr. Ernest Huddy, aged 83, on his way to winning the Veteran Over 80's Pennant in this year's Sculler's Head (report on p.226). Why anyone should wish to row at all, least of all when they are over eighty and have every right to a quiet life, is entirely beyond me, but our congratulations go to him none the less.

Since the General Election is almost upon us, it may surprise you that so far it has escaped comment. The *Gazette*, however, conducted a small poll of a typical cross-section of the *Guy's* student body. We found our victim in HQ and after we had carefully explained to him exactly what an election was for, he muttered something about "Bring-a-Bottle Party" before returning to his drink. The composition of the next Parliament, on the basis of our poll, could be most interesting.



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Obituary



E. Crisfield Grant

Edward Crisfield Grant (all of whose many friends knew him as Tod) died at the age of 85 years exactly nine weeks after attending the Jubilee meeting of the Kingston B.D.A. Section of which he was the founder secretary in 1937. Unfortunately it was here that he was taken ill whilst reading the amusing and witty speech he had prepared for us, consisting mostly of a potted history of those 50 years, and containing as was customary with Tod a few lines of rhyming verse to "round off" his offering.

"Now we read onward through works scientific
Or study researches of those that are gone,
But our thirsting for knowledge is not *that* terrific
As we dance to the small hours just FIFTY YEARS ON!"

In his day Tod was a great dancer, his *forte* being the Eightsome reel – once seen never forgotten! Educated at Cranleigh School he qualified in dentistry at Guy's in 1925, intending to take Conjoint subsequently. This was prevented by the sudden death of his father, and led to his taking up an assistantship in Dumfries where he spent four very happy years, using his spare time to play golf, practise amateur dramatics and at the same time make many friends. Afterwards he moved south to Kingston Hill where he developed his own practice and spent the major part of his professional life. In 1963 he served as President of the S.C. Branch of the B.D.A., retiring to Hampshire in 1966, where with Edna his wife he happily spent his days gardening, sailing and exploring the countryside both home and abroad.

In 1967 he was elected a Life Member of the B.D.A. Always especially proud of his Guy's background he was a true "Guy's Man" in the best sense of that hall-mark. Tod is survived by his wife, three daughters and six grandchildren.

G.L.M.W.

Clubs' Union News

With Nigel White in Cornwall this month on his British Elective, the duty of writing this edition's Clubs' Union News has fallen onto my shoulders. At the time of writing, the boat, men's hockey, women's hockey and rugby clubs are all preparing for the annual inter-hospital bumps. Let us hope that all the clubs bump and improve on last year's positions. The football team, men's hockey, and women's hockey teams have all just held their A.G.M.'s. The womens hockey team must be congratulated for providing the evening's entertainment in the bar following their meeting.

The entertainments committee is at present busy organising the forthcoming Summer Festival which is to be held at Honor Oak Park on 6th June. There will be the regular sporting events: 5-a-side football, mixed doubles tennis, mini-marathon, obstacle race, and for the first time a 7-a-side mixed rounders competition. In addition, we hope to run a medics v dentists, and physios v nurses general knowledge quiz. During the day, there will be fire eaters, snake charmers, magicians, clowns and Disney characters wandering around the grounds doing their "stuff". Tea-time entertainment will be provided by a string quartet and a barber-shop choir. Finally, Plasma will round off the evening with all the latest hits from the pop world.

Zaheer Yousef
Social Secretary

407 Art Club

An open exhibition of artwork will be held in the Studio, 4th floor, Hunt's House on July 20th-25th. Those wishing to exhibit paintings, ceramics etc. should contact Dr. T. Gibson on 407 7600 ext. 2424.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are June 17th and July 15th.

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A Waste of Time? The Pros and Cons of Intercalated B.Sc. Courses

by Jeremy Gregg

Although the sixth term of the medical course is regarded by many as something of a holiday after the rigours of the Part IIA exams, it is worth considering at this stage – if not earlier – the pros and cons of an intercalated B.Sc. There is a wide range of courses available, from Anatomy and Biochemistry to Sociology and Psychology, and this article gives an introduction to the whys and wherefores of taking such a course.

The first and most obvious advantage to the B.Sc. holder is that he or she has an extra qualification on completing M.B. B.S. As competition for house jobs is so intense, it helps to be able to offer an extra degree as a show of intellectual prowess, and to indicate to a would-be employer that your interests in medicine are wider than those of some of your competitors. A B.Sc. can definitely be regarded as a good career move. On a less cynical note, however, you may wish to pursue a particular area of interest beyond the level of 2nd M.B., and there are courses in all of the main subjects to allow you to do this. All intercalated B.Sc. courses include a research project (which may not be a specific interest but is certainly good experience), and it is possible in some cases to develop your studies to doctorate level. Finally, for those wishing to escape the orthodox medical subjects, or indeed to escape Guy's for a while, the wider-based course units of the Sociology and Psychology degrees may be of interest. These are taught in conjunction with several other London medical schools; and as a last resort for those who wish to leave Guy's altogether, bear in mind that if you leave with a B.Sc. you will at least have something to show for your time here.

On the debit side, the first and most obvious disadvantage to the B.Sc. holder is that he or she has had an extra birthday on completing M.B. B.S. It can be argued that youth is an asset at the start of your career, particularly in the case of hospital medicine, when it may become necessary to spend time on research in your chosen field. Also, another year as a student means another year of financial hardship, an intolerable burden for some, as is the prospect of losing contact with friends made during the first two years of the course. You may, on the other hand, see this as a positive advantage.

The B.Sc. handbook, obtainable from the Medical School office, gives details of all the available courses. If you need to know more, see the relevant departmental head, and find some past students, who, between them, will be able to fill you in on the theory and practice of their subject. Some departments will organise meetings for you to discuss their courses with both staff and students, and you are strongly recommended to attend these. All courses are of 40 weeks duration, starting in early September, with a roughly similar workload to 1st and 2nd M.B.

As almost all B.Sc. courses are run in conjunction with St. Thomas' Hospital Medical School, all B.Sc. students are selected from both sites by a central UMDS selection committee. Broadly speaking, eligibility is dependent upon performance in the Part IIA exams such that the top 50% of the UMDS year are eligible; however, other factors may be taken into account, such as motivation and past exam results, particularly if the student under consideration is near the half-way cut off point. The next problem is funding: the course fees will be £556 next year and in addition you will need enough money to live on for the year. Your Local Education Authority will be unlikely to pay your tuition fees or maintenance, but there are alternatives. The Medical Research Council traditionally offers a number of full grants to B.Sc. students (17 will be awarded for the year 1987/88), and the Special Trustees of St. Thomas' and Guy's Hospitals will be offering a similar scheme, although the number of available grants is as yet unknown. MRC and Special Trustees' grants are awarded strictly according to ranking in the Part IIA results – across both sites – so bear this in mind in the run-up to the exams if finance is likely to be a problem. If you are eligible for the course but not a grant, it is worth seeking industrial sponsorship, and some departments may be able to do this for you. Check with departmental heads for details.

In summary, then, there are a number of good reasons for enrolling on an intercalated degree course, whatever your career aspirations may be. Don't reject out of hand an extra year spent before entering the clinical course, for no matter how eager you may be to start work on the wards, there is much to be gained at this stage from putting patience before patients.

Centenary of the Birth of Arthur James McNair

Mr. McNair was born 100 years ago on 27th April 1887. As there are now few at Guy's who knew him, perhaps we should find out what his contemporaries thought of this superb obstetrician after whom the McNair centre was named. He was educated at Aldenham School and Emmanuel College, Cambridge, and after taking his Natural Sciences Tripos he entered as a clinical student at Guy's Hospital Medical School in 1909.

"He qualified in 1911 and immediately realised the heavy responsibilities and the clinical difficulties that were inseparable from the practice of midwifery in those days: this was the field in which he chose to work. He had already taught himself the art of manipulative midwifery worthy of a successor to Galabin and Braxton Hicks when war came in 1914. He



A group of medical students in 1909. Arthur McNair is standing second from the right; Mr. Omar Shaheen's father, Hassan, is standing on the far left; and the father of Mr. Ian Todd (the current President of the Royal College of Surgeons; is standing third from the left. Sir Charles Symonds, the eminent surgeon, is third from the right in the front row.

immediately joined the Navy and no one could have contributed more to the morale of a destroyer in the North Sea in war-time. Afterwards, for most of his life he carried in his hip pocket a silver tobacco-box, inscribed "H.M.S. Tiger Jan. 24, 1915". It was a battered affair and not the most convenient of receptacles, but it was given to him by a young midshipman whose life he saved in naval action. But action in the Navy was not frequent enough to satisfy him and he transferred to the R.A.M.C. as a surgical specialist and saw service with the Indian Expeditionary Force and in Mesopotamia, and finally in the Afghan War in 1918-19. Even in this environment he found occasional opportunities to practise his chosen speciality in the midst of his Army duties. It is said that he was once seen to emerge from a palace in some city of the Middle East, garlanded with flowers over his military uniform as he returned to camp whence he had been summoned by the local midwives who had failed for many days to deliver the favourite wife of the Sheik. We at Guy's who knew his dislike of ostentation and who loved his modesty can understand the incongruity of the situation and share his sense of humour in it.

"After the war, in 1919 he returned to Guy's and was given charge of the Maternity District. In those days, there were between 2000 and 3000 births a year in the Guy's District, most of which were home deliveries. It was supported by only eight beds in Victoria Ward for "difficult cases", so that a great deal of manipulative midwifery had to be undertaken in the home with unqualified gamps as the only nursing assistance. There was no provision for regular ante-natal supervision and most complications appeared as unforeseen emergencies which had to be dealt with on the spot. It was here that he perfected his skill in manipulative midwifery. He was one of the great masters of the art and he was certainly unsurpassed by anyone in his generation. No one could do a difficult version or a difficult forceps delivery so gently, so quickly, or so safely as McNair. But, in spite of his outstanding dexterity, he had the vision to see that difficult manipulative midwifery was soon to become a thing of the past. He set to work to organise routine ante-natal care. Under his guidance and encouragement the Salomons Bequest to Guy's was turned to the establishment of Salomons Centre, one of the first ante-natal and infant welfare clinics in London. It was McNair who laid the foundations, and for more than 30 years set the standard that ought to be applied in modern ante-natal care. He was appointed Assistant Obstetric Surgeon to Guy's in 1925, Obstetric Surgeon in 1930, and Obstetric Surgeon Emeritus in 1952.

"His mastery of the classical skills and his vast experience enabled him to assess the value of innovations that were to change so profoundly the practice of midwifery in the next quarter of the century. He was quick to adopt the best of what was new. The first lower segment caesarean section operation that was ever performed at Guy's was done by McNair in 1925. He cautiously rejected what was meddlesome and ephemeral. The middle of the twentieth century has seen the revolutionary change from the old to the new outlook in midwifery and it has been fortunate for Guy's that this transition period was controlled by McNair. No other man at that time had his wealth of experience of the old, yet no one was more abreast with the

times or more eager to change for the better. Guy's is justly proud of its great tradition of classical midwifery in the nineteenth century. No one knows where we shall stand in A.D. 2000; but for the middle of this century McNair will stand out as the man who guided us in the transition from the old to the new. If he had done nothing more, it would be enough to be thankful for, but that was just his technical contribution to Guy's. During his last illness in 1964 he wrote the history of the Guy's Hospital Maternity District which delighted the readers of the *Gazette*¹. It was characteristic of his modesty that the account stopped short at the beginning of the twentieth century. The great name in the history of the Guy's District in this century is McNair.



Mr. Arthur McNair in 1948

"His personality, and the good that flowed from it, has had its influence throughout the Hospital and School. He was a great supporter of student activities; a keen follower of the Athletic and Football Clubs and one-time President of the Boxing Club. He was a valued friend of the School of Nursing and its pupils; his knowledge and appreciation of the work of midwives was a tremendous asset to the School of Midwifery. He was the most meticulous and trusted of committee men, always preferring to give his work unseen. If he could conceal his identity as the author of some kind action or some successful conclusion, he was the more pleased. If, as so often happened, his hand in the business was known or suspected, he would do his best to deflect the credit to other colleagues for any part they might have played. His dislike of praise and his avoidance of honours made him, for some people, not always easy to approach except in time of need. In adversity there never was a man more easy to approach. There was about him a certain austerity, an economy of words and of emotion, that covered over his great humanity and his wonderful sense of humour."²

"He served the hospital and its medical school for half a century. He also held staff appointments at the City of London Maternity Hospital, at the North Herts and South Bedfordshire Hospital, at Purley Memorial Hospital, and at Caterham and District Hospital. It was inevitable that his services were sought far and wide by patients outside his hospital work, and especially by his medical colleagues – both senior and junior – who knew the perfection of his art as he practised it.

"He had no love for publicity; indeed, he would do his best to deflect any recognition or honour which he feared might come his way for his achievements. This dislike of praise and avoidance of honours was not just diffidence; he was the most resolute of men. It was not merely shyness; he could (if necessary) talk to anyone. It was, at its lowest, a wonderful sense of humour; at its highest, a saintly humility. But whatever it was, it was part of his endearing character which everyone accepted. His patients were content in the security of his care knowing that they could never thank him adequately; his colleagues knew that they could seek his advice and profit by his help, yet never be able to pay proper tribute. His best friends knew that it was useless to try; they just accepted his overwhelming kindness and support in a silence which they knew he understood.

"McNair was a foundation member of the Royal College of Obstetricians and Gynaecologists and became a Fellow in 1931. Thereafter he served on the council and on many College committees, and was elected Vice-President. His advice in College policy and projects was freely sought, and his ready help was always given. When he retired from his active hospital practice in 1952 he was elected honorary librarian, and he gave his wide knowledge and a great deal of his time to arranging the extensive collection of old books and manuscripts in the library. With this work completed, he set out to establish for the first time a modern reference department for the library: he had the satisfaction of seeing the fruits of his work as a flourishing new activity of the College. He was a keen member of the section of obstetrics and gynaecology of the Royal Society of Medicine and president of it in 1947. He was an active member of the

Gynaecological Club. It was characteristic of his capacity for work that after he had retired from the active staff at Guy's he responded to an invitation from St. Thomas's to help them in a time of difficulty. St. Thomas's welcomed him with a warmth of friendliness that his great qualities inspired, they made him honorary consulting gynaecologist and obstetrician to their hospital. For a century and a half only one man has had the distinction of serving on the senior staff of both Guy's and St Thomas's, and it is fitting that McNair should be that one."³

His wife Grace was a Charing Cross nurse and the marriage brought him great happiness and the personal interests of family life which meant so much to him; he and his wife were both proud to have two daughters become nurses and another daughter qualify as a doctor, and to see another generation serving the sick (as did four of his grandchildren, a doctor and nurse at Guy's, a doctor at Charing Cross and a nurse at St. Thomas's). The grandchildren were a great pleasure to Mr. McNair in his remarkably youthful old age⁴. He died in his 78th year after a wonderful life, a great man and a beloved doctor.

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Sunday Morning

by Dr. W. N. Vellacot

In the very small church of a very small Dorset village, a mile or two from the sea, the congregation at the 11 o'clock matins service rarely swells beyond a score.

On the other hand, it even more rarely sinks far below double figures. But on the two or three great occasions of the Christian year, the farmers arrive in family droves, extra seats fill nave and side aisles, and the old church vibrates with the roar of lusty country voices.

The porch is rather narrow, and the first necessity is to squeeze past the portly bell-ringer without upsetting the rhythm of the single cheerful bell. Church bells are allowed great liberties in the matter of time-keeping, but not in those cases where there is but one of them. The worthy ringer is well aware of this, and on that unfortunate occasion when I so carelessly tripped on a mat and clutched at the nearest figure for support, all eight heads in the congregation turned to survey the situation with a precision acceptable at the Colour Trooping on Horse Guards Parade.

When the bell had reasserted itself, the heads slowly resumed their normal position, and their owners concluded that the unusual word they thought they had heard was indeed that word and no other, but that in the circumstances a single eruption, however colourful, showed admirable restraint in their man at the bell.

This particular winter morning was really very chilly, and the two single-bar electric heaters far away among the rafters may have brought comfort to a small family of spiders, but not very much to mortals away down on the earth.

So my arrival, provided I avoided knocking the gentleman down again, was awaited with anxious anticipation. This was because a local resident, not long deceased, from pneumonia we understand, bequeathed to the church her venerable Super Ser heater, and two gas cylinders. From years of painful practice with my own Super Ser, I had learned which way to twist a certain lever, and in what order to press certain knobs, with suitable hesitations while it coughed and spluttered.

The congregation had not exactly gathered round the Super Ser, but its disposition suggested a feeling of sympathy towards the apparatus. As guardian of the almost sacred flame, I was expected to sit as near to it as possible, and this privilege I enjoyed to the full.

The bell quiet, the flame lit and hissing gently, attention was directed towards the vestry door, from which came little puffy noises as the large and severely arthritic vicar struggled into his vestments, gathered his stick, and tapped his way slowly and firmly down the stone-flagged nave. There had been thefts from churches in the locality, and his affectionate parishioners would sometimes allow themselves to speculate on the well-being of any would-be thief who the vicar thought might be taking an interest in the church plate. They might even allow themselves, just for a

moment, an extravagant vision of the vicar, at an earlier stage in his career, hurling himself at a pair of legs in his famous international rugby tackle of 50 years before.

The service flowed like a broad, deep river. The vicar, with his fine voice assisted here and there by a murmur from the little organ, carried his flock along past familiar prayers and responses, a psalm, and a cheerful hymn to the first lesson. This he read very slowly and carefully, almost as though he was himself paying close attention to the words for the first time.

Another hymn, and he sank quickly out of sight as he handed over command to the Brigadier for the reading of the second lesson. This was done with both bark and bite, and no complaint of inaudibility was ever made, even from the hardest of hearing. And even when they were not there, one tended to look for the splendid array of medals which glittered once a year on his manly frontage. On Remembrance Sunday, at 11 a.m., they were there by the war memorial for all to see. And taking a long look at what was known as "the Brig's basinful of brass" had for many a year been one of the pleasures permitted to every child in the village.

A further hymn, a short sermon with the lesson he had read as his subject, a few more prayers, and the final offertory hymn was at hand. This was linked to one little problem which was always solved before the service began. The two bags were carried by a rather small husband and an even smaller wife. Missionaries, they had spent a lifetime on a remote Indonesian island. It seemed impossible that either had ever done anything that was not shared equally with the other, and it was quite unacceptable that any such thing should happen now. The congregation tended, as we know, to sit on the warmer side of the church, where the stove was, but one or two always moved discreetly across if it seemed that husband or wife might bear an empty bag to the altar.

The service completed and the blessing given, and minds perhaps almost ready to dwell lightly on the Sunday roast, the vicar walked to the vestry, humming the little tune which always came to him at such moments. There, one or another of the ladies took her weekly turn, jealously guarded, to aid the old man's arthritic fingers with the removal of vestments.

Up at the altar a vigorous, heavily bearded young church-warden, the local schoolmaster, busied himself. His ancestors had, for generations, used the many local coves and inlets for the successful smuggling of wine and brandy, tobacco and silks from the little French ports across the water. This in no way hindered his standing with his pupils, some few of whom had similar proud connections with the past.

He tidied things away, and carried back to the vestry that portion of the heavy braille Bible which had been used for the reading of the first lesson. For our vicar, of course, is quite blind.

Dentistry at Guy's in the 1940s

Part 3

by Mr. Donald Dawson

My much cleverer friend, Stuart, and I worked for our Finals in our digs in Elms Road, Clapham, a much higher class establishment than the digs at Tunbridge Wells in which we had started our course. The landlady was, she said, the widow of a vicar. The flying bomb threat was developing over Southern England. Our bedroom was on the top floor of the old three-storey house, and we used sometimes to sit up in bed wearing our Civil Defence tin hats, listening to the droning engines, the sudden stop, the awful pause, the long drawn-out whistle if it was near enough, the final crump – followed by the usual feeling of guilt. Relief, of course, that it had fallen on someone else, but guilt because that was what one had been hoping for. I was inspired by Stuart's example and we worked together at our books at the long table downstairs with several Welsh medical students with whom we shared the digs. Sometimes – once a week anyway – we would march down to the Plough near the Common and sit at a table in the corner of the bar with a single glass of beer each – all we could afford – and we would go through old examination papers, questions and answers. The Finals day was close and we boasted, with justification, that so far at least as the theory was concerned "We knew our stuff". The written paper posed no problem, it was far easier than the B.D.S. which Stuart was to take a few months later, and the Viva was also straightforward. There remained the clinical examination – usually the diagnosis of one of the common oral conditions – and the practical examination – a filling, amalgam or silicate, perhaps some impressions or, worst of all, a gold inlay by the direct method, which meant a pattern that could be removed successfully from the tooth, invested, cast and fitted. At every stage loomed the possibility of disaster – a damaged pattern, a failed casting, dropping the inlay on the floor or the pattern down the patient's throat. Mine was a two-surface amalgam on an upper second molar. I sought permission to give a local anaesthetic, boiled up my solution, and filled my, more or less, hygienic all-metal syringe. I was an arch devotee of local anaesthesia, by no means so universally used for fillings then as nowadays. I had spent many long, dreaded hours at our family dentist throughout my childhood. He was of an era that seldom had recourse to a local anaesthetic, and when he did use it it was seldom effective – not on me at any rate – but, in fairness, that may have been because the two most memorable occasions were an attempt to anaesthetise an infected deciduous molar and an abortive attempt to remove an inflamed pulp. As soon as I entered the Conservation Room, I determined to use local anaesthesia for all but the simplest cavities. Stuart agreed with me on this and we requested authorisation from the House Surgeons relentlessly for the greater part of our work. I was well practised and all went well on this particular occasion, and my task of cavity preparation was helped by a co-operative patient and good access. I spun the task out as long as possible to avoid being singled out for some

impressions, as we had disgracefully little practice, relieved that I was not struggling with a hard-to-hold inlay of dubious fit, and was even more relieved when the bell went. My finished filling appeared to meet with the Examiner's approval.

The Clinical Examination was a sterner test and was held at the Royal Dental Hospital, foreign territory indeed at that time. A simple enough periodontitis of a lower molar, related possibly to an erupting wisdom tooth behind it, but the Examiner was the dreaded Bradlaw from Durham University, fierce in appearance and manner. I had missed him in the Viva and the practical. He fastened on me this time with a vengeance, questioning and cross-questioning. Finally "What happened when you percussed the second molar"? A blank. Dumbly I confessed that I had not yet done this most basic and preliminary test. "Well, you'd better percuss it now" he barked and strode off. Hopeless, for all my boasting that "I knew my stuff", a neat and painless filling, an amiable viva, confrontation with Bradlaw was going to do me in. I tapped very gloomily at the patient's molars. Bradlaw never returned and I completed my report to the milder Examiner, hoping that Bradlaw would not put a line through my name on the list, and went anxiously home.

A week later Stuart and I arrived at Queen's Square about 10 a.m. and walked – apprehensively in my case, pretty confidently in his I expect – down the rather dark side alley of the Examination Hall to the door where the list of numbers would be posted of those who had passed. Both there. We looked and drew back, and looked again, then hurried back up the passage and into the July sunshine, transformed from the two shrinking, furtive figures who had gone down the alley, into two joyous and happy young men, bubbling over with anecdotes of our examination, neither listening to the other. We walked across Queen's Square into Russell Square, making our way towards Gray's Inn where we had been invited to spend the afternoon with Stuart's brother and his wife, who lived in a second floor flat there. The air raid siren went when we were half way across Russell Square and we heard the dreaded sound of the flying bomb approaching. It seemed almost overhead when the engine stopped. We crouched down behind a low wall on the edge of the gardens in the centre of the square. How absurd it would be, I thought, if immediately after seeing our numbers up on the board and rejoicing that we were at last fully qualified dental surgeons we were to be blown up now – now of all times, our number really would be up! It took about as long to think this as it took the bomb to whistle down from the sky and crash a few blocks away, and very thoughtfully we got up and went on our way. All afternoon and evening the doodlebugs droned and fell. From time to time, we all crouched at intervals behind the long sofa in the living room as a precaution against flying glass if the windows of the flat blew in.

Having survived the dental course and qualified, and up until now at least, the blitz and the flying bombs, we had a few months' grace before we would be called up into the dental branch of one of the services. We had only one immediate ambition and that was to become Dental House Surgeons at Guy's. We had already made provisional applications, and a

new anxiety now replaced the nervous wait for examination results. We now awaited a letter of appointment from the Dental School Office.

The Act of Parliament stated that a dental student could not be "signed up" to take his finals until he had been studying for four years at an approved Dental Hospital. But it was war time and dentists were needed in the services, as well as in civilian life. A small number of us were allowed to take our finals in June 1944, two months less than the four years, rather than wait until the next probable time, November. The deciding factor was those who had had a clean run and not failed any examinations. This included Stuart and me and a handful of others, and because there were so few of us we were almost assured of the prized privilege of a House Surgeon's appointment. Well, Stuart was. I was a good deal less confident.

Stuart became Resident House Surgeon, and House Surgeon to one of the principal Consultants. I, to my surprise, became House Surgeon to the Children's Department which meant supervising, under the Demonstrator Mr. Pringle, the work of the students in all aspects of children's dentistry including orthodontics – of which I knew very little more, I fear, from a practical standpoint than the students.

The Orthodontic Consultants were Mr. Ernest Rix who was kind and courteous to me as he was to everybody, and the other was the Dean who had conducted the initial interview with my father, perhaps now regretting he had not enquired more deeply into my level of aptitude. He spoke to me little more than he had at my interview.

During our four month Dental House Surgeon's appointments in late 1944, Stuart, who was Resident House Surgeon, occasionally wanted a weekend off from his Resident duties, which included attending to any dental case which turned up at the Guy's Outpatients in the evenings after the Dental School was closed or at the weekends. Generally this meant either a patient in pain with toothache or a bleeding tooth socket. I agreed to stand in for him one weekend. This meant taking his room in the Residents' medical and dental officers' quarters for Saturday and Sunday night and being on call.

Since qualifying, I had been living outside London with my parents, out of reach, at least at night, from the flying bombs and the more dreaded V2s. The bombs were now very frequent in London, by day and by night, and Guy's in Southwark was in the very thick of it. On Saturday night I had not been in bed very long when the Porter brought a message that I was wanted in Outpatients. I dressed quickly and went nervously down and reported to the Outpatients Officer, Dr. S. He was considerably senior to me, and anyway was a doctor and not very interested in a newly qualified dentist. He told me there was a man with a bleeding tooth socket in the waiting room, would I please do something about it. In fact the man was on a trolley and looking pretty miserable. He had had a tooth extracted during the afternoon at a private dentist in the East End and now it was haemorrhaging steadily. His mouth was full of great clots of blood, and blood soaked gauze hung from the corner of his mouth. I had never encountered such a task single-handed; up in Casualty, even as a House Surgeon, there was plenty

of more skilled help not far away. Obviously Dr. S. was not going to be any help and none of the nurses seemed very interested either. I somehow got hold of a kidney dish and the patient choked and gasped as he ejected all the clots and gauze into it, and finally I could see quite a neat looking socket with a steady but persistent ooze of blood quickly flooding the floor of the mouth again. I thrust another pack into the mouth again and did, as was popular just then, my first trick. I mixed up zinc oxide and oil of cloves, embedded strands of cotton wool in it, and tried to manipulate the mixture into the slippery, sanguinary hole. It lay gleaming on the surface. I tried to tamp it down with more cotton wool. The bleeding stopped momentarily, then started to ooze round the edges. I panicked. What next? I had barely given my miserable little dressing a chance to survive. What about Russell's Viper Venom! Lo and behold there was indeed some in the dental cupboard. I soaked some gauze in this and once more pressed a dressing into the socket. Later I tried adrenalin-soaked gauze, then back to the zinc oxide and oil of cloves. Blood continued to ooze, my man to wilt, or so it appeared to me. Perhaps he would bleed to death, perhaps he needed a blood transfusion. But this meant asking Dr. S and I could imagine what he would say!

While I was pondering on all this the air raid siren had gone and now we could hear, horribly close, the droning and throbbing of a doodlebug. I had just enough sense of sardonic humour left to reflect on such a neat solution to the problem at hand, when the engine stopped. There was the usual whistling sound very clear and close, and then an almighty crash which surely must have been in the next street. It was, in fact, several streets away, but the casualties, if any, were certainly going to be our pigeon. Less than half an hour later about 20 people from the Borough came in. Every one of them was black from head to foot with the soot and dust of generations of smokey chimneys and old brick walls collapsed about them. Some were only shocked, some slightly injured. A few were more grievously hurt. These last were carefully laid on beds in a row, perhaps six or seven of them and, under Dr. S's capable directions, drips were set up and preliminary cleaning up started. A very short time later Mr. Wass, the Consultant Surgeon on duty, arrived. He worked his way down the line of beds, examining each patient quickly but carefully, made a list of his instructions, then turned to Dr. S., said "We'll operate in an hour" and left. I managed to catch Dr. S's eye and he said "You be there too, of course". "What about my bleeding socket?" I asked. "Your problem", he replied. Actually I had forgotten about him until that moment with the absorbing spectacle of the arriving casualties, and Sammy Wass's dramatic arrival and pronouncement. I returned to him and asked him to open his mouth. Hitler had achieved one little bonus for mankind even at great cost. His doodlebug's terrible results had diverted me away from my bleeding socket, stopped me from messing about with it, made me leave it alone with a big pack in place, and that was all that was needed. The bleeding had ceased completely.

An hour later Sammy Wass, two surgical registrars, an ophthalmic registrar, an anaesthetic registrar and some medical house surgeons under

his directions, and at the bottom of the heap, myself, assembled in the emergency operating theatre, a great cavern underneath Guy's with five operating tables, emergency lighting, and a procedure, by this stage in the war, honed to clockwork efficiency. The five worst cases were wheeled in on trolleys, well sedated, transferred to the operating tables, and the anaesthetists set to work. The surgeons, and one junior dental surgeon, were all scrubbed up and gowned, although I had no idea what I was expected to do.

Sammy Wass had given us our general surgery lectures and we had attended a few surgical demonstration clinics under his direction. I had not especially liked him. He seemed a little disagreeable, a little condescending to us dental students, and his lectures to us were not enlivened by any display of good nature or good humour. He just seemed to me rather disagreeable and sarcastic. He beckoned to me. "Come on, this is your job." I followed him to the operating table on which lay by far the worst of the casualties, a middle-aged woman, her face a pulped and bloody mess. "There may be a few teeth left", said Sammy and he started probing gently around in the mandibular area. Gradually he prised up one and then another of the few remaining teeth – the woman only had a handful of lower anterior teeth left – and passing me a pair of heavy tweezers told me to remove them. Rather gingerly I did so, and then to my surprise, he gave me a wink and courteous nod and said "Thank you very much, I can manage now" and bent to the impossible task – so it seemed to me – of tidying up the torn and shattered soft tissues and suturing what was left together. I never saw Sammy Wass again after that weekend. I believe he went on to become a senior Consultant and then died, far too early, but that brief interlude, the calm efficient planning in the Outpatients when the casualties were first admitted, and then his helpful courtesy to me, completely transformed my view of him, to one of considerable admiration and respect.

No longer required by Sammy, I was now able to wander about the great cavern with its five totally absorbed groups of people, Sammy presiding at his top table, as it were, with the smashed face; at table number two the Ophthalmic Registrar was removing an eye that had been torn to shreds by flying glass, the second most serious injury. At number three table, large chunks of metal were being removed from the calf of a person's leg, their size belying the relatively innocent-looking points of entry. The other two tables were the scene of minor wounds and injuries being cleaned and stitched. Surprisingly quickly, all was finished and the patients on the way to the ward, and Sammy Wass, no doubt, back to some grander part of the accommodation block than I would ever aspire to. I went back to bed after discharging my now relieved and comfortable bleeding socket.

Dentistry 40 years ago, and for a good many years to come, was very much geared to the lowest common requirement, at least in Britain. We were extremely well schooled in the art of routine exodontia both under local anaesthesia and under "gas" and well schooled in the art of amalgam fillings and silicates. The requirement for gold fillings was relatively low,

and although none of us would be likely to attempt a gold foil filling in practice in the future, still less a packed gold foil cylinder filling, these archaic forms still counted as part of the minimum number of gold fillings we had to produce. They may have been a good exercise in handicraft, but it diminished the number of inlays completed, and most of us qualified with very little experience of inlays, especially indirect inlays and impression-making techniques, and had to learn the "hard way" in years to come. There was no normal requirement, as far as I know, for crown and bridgework and I left Guy's never having made a successful crown or bridge of any sort. Root canal therapy was restricted almost entirely to anterior teeth, and the "new" operation of apicectomy was occasionally performed by a senior member of staff, usually over what would nowadays be thought a very inadequate root filling. The general opinion regarding root canal therapy was still much influenced by the widely held theory that almost any form of focal infection in the mouth was highly dangerous to the body as a whole, and that the best solution to the slightest hint of it was extraction.

There are so many things nowadays taken for granted which, for us, lay a long way ahead. There were no cartridges of local anaesthetic, there was no Xylocaine, only Novocaine and, occasionally, cocaine for intractable cases, there were no disposable and guaranteed sharp needles. The aspirating syringe had not been thought of. Syringes and needles had to be boiled and could easily be blunted in the steriliser. I do not remember any autoclave in the dental school and still have no idea how dressings and gauze were sterilised. Arsensic fibre was still used to reduce a dying pulp to total necrosis. Cavity linings were restricted to zinc oxide and oil of cloves – no quick setting variety then – and oxyphosphate cement, and fillings to amalgam and the relatively unreliable silicates, and in the majority of practices only a few gold inlays, and even more rare, a porcelain inlay. Amalgam was mixed by hand with a glass pestle and mortar, kneaded in rubber dam and then goutts of excess mercury were expressed by squeezing in a cloth. The whole concept of root canal therapy has changed as methods and instruments have improved. It was absolutely beyond my capacity, with the instruments of the time and the level of teaching of the subject, to attempt the root canal treatment of a multi-rooted tooth. Now it is done routinely with modern instruments and better control of infection. Impressions for dentures were either in plaster of Paris for complete dentures, or in composition for partials, or in plaster painstakingly and often painfully cut from the mouth and reassembled. There were no alginates generally available to us, and dentures were made in vulcanite. By the end of my course in 1944, alginates were becoming available in very small quantities, and some acrylic dentures were being made. It is almost impossible now to imagine dentistry without the great blessing of the airtor. For ten years after qualifying I, like all others, ground my way steadily through cavity after cavity with steel burs in a conventional handpiece, myself through force of circumstances with an old fashioned foot engine for more than two years of that time. When one feels critical of the low emphasis placed upon crown and bridgework 40 years ago, it is fair to remember that to prepare a tooth for a jacket crown, with a conventional

engine at slow speed, was hard enough for both patient and operator. Then followed an, also lengthy, complicated impression procedure, involving a copper ring and compound and an over riding plaster impression. Most cavity preparation was likely to be done "dry", i.e. with no water jet playing on the tooth. Even if this was available the only suction was a simple saliva ejector. Suction, other than the saliva ejector, was just not available or even considered, yet the thought of extractions being carried out under general anaesthesia, even on a patient sitting up and with a sponge or pack at the back of the mouth, with no effective sucker to hand would appal any modern anaesthetist. Anaesthesia has advanced in so many ways. The comparative anoxia, in fact if not in theory, of nitrous oxide in the past, is now avoided by adjuvants such as halothane. In Australia, and no doubt in Britain, endotracheal anaesthesia in the operating theatre is becoming more available for a variety of operating procedures. Nitrous oxide for full anaesthesia in the dental surgery is virtually never used in Australia, although it is used by devotees, with a high level of oxygen for relative analgesia only. The use of the OPG or panoramic X-ray is a wonderful diagnostic aid now widely used, as well as routine bite-wing X-rays. It appals me to recall how often a complete mouth clearance would be prescribed and carried out, even at Guy's, with no X-rays taken whatsoever.

Most of the more senior staff, the demonstrators and consultants at Guy's had good private practices in the West End of London, or in the more affluent suburbs, and a few of them were renowned both at Guy's and, in some cases, the world, as leaders in dental surgery and oral surgery as it is known today. Most attended the hospital in their West End uniform of black jacket, striped pants and stiff white collar. The most notable, although he was seldom present during my time at Guy's, as he was Consultant to the RAF, was Sir William Kelsey Fry who had achieved fame during and after the Great War as an associate of Sir Harold Gillies, the plastic surgeon. The most feared was Mr. F. N. Doubleday, or Freddie as he was known, who could quickly demoralise, with biting sarcasm, any faltering student either at his clinical sessions or during the L.D.S. examinations. When he eventually retired he became ordained as an Anglican priest. Years later I attended a Guy's luncheon at some FDI meetings in London. I had noted an aged clergyman in a wheelchair among the guests, but did not recognise him, and took no particular interest. When the luncheon began a grace was called for and delivered by the chair-bound priest. The moment the familiar rasping voice cut across the room, even though it was saying "For what we are about to receive" I knew exactly who it was. There could be no mistake, and if Freddie is on hand as a "greeter" in the next world, if he speaks to me I shall know him at once, what ever his raiment! The most universally admired all round dental surgeon, who seemed faultlessly capable of any aspect of dental practice, was A. R. F. Thompson, the tiniest member of the staff, so small I recall seeing him standing on the foot rest of the chair in order to remove lower anterior teeth for a patient under "gas". There seemed nothing he could not do, from oral surgery to the highest (and all too rarely practised by most) flights of restorative dentistry. I was lucky enough, when a senior student, to be appointed Assistant House Surgeon

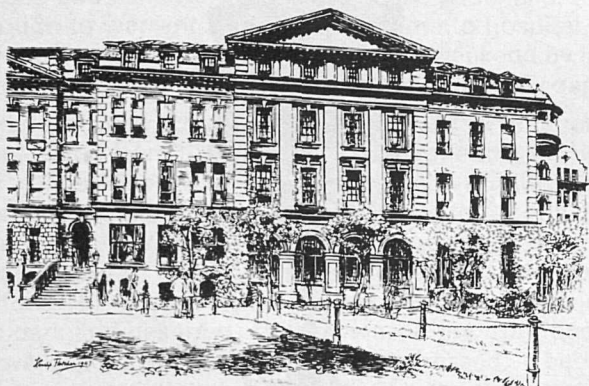
to two of the most highly regarded Consultants, both as teachers and operators, Mr. Kenneth Hooper and Mr. G. B. Pritchard. The latter was clinical efficiency personified, a little awe-inspiring, but clear and precise in his diagnoses, very occasionally rewarding even me, bumbling about in the background, with a wintry smile. This was the nearest he got to praise or even everyday humanity, but we respected his masterly diagnoses and clinical descriptions. Mr. Hooper was probably his equal in this but he was also a man of more obvious compassion and a great capacity for inspiring friendship and loyalty. His lectures and demonstrations inspired us all and his patience was a legend. To be his House Surgeon or Assistant House Surgeon could mean a lot of hard work. He worked relatively slowly, would never be hurried, and often, at the end of a Saturday morning, when all were on tiptoe to be off, if an emergency came in, he would patiently and painstakingly see the case through to the bitter end. He impressed upon us, and I am sure most of us never forgot it, that this welfare of the patient always came first. In this he was equally supported by his senior colleague Colonel E. B. Dowsett, and both always set an example of kindness, courtesy and ethical behaviour which must have influenced for the good, generations of Guy's dental students.

We were sometimes solemnly told that "In every town there is one dental practice that is a little bit better than all the others. That practice will belong to a Guy's man". I am not sure that that has been wholly borne out over the years, but it has always been an ideal for which one could strive.

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The Friday Evening Patient

by Dr. D. R. Pugh

There is a group of patients who give rise to problems on a Friday evening. They are usually professional or business men with a high work ethic. Their illnesses start during the week and they are determined not to succumb until their work is finished. On Friday evening they stagger home, collapse into bed and send for the doctor. These patients are often quite ill but not ill enough to warrant urgent admission into hospital. Their care is sometimes made more difficult over the ensuing weekend by limited access to notes, consultants, secretarial help, X-ray and pathology departments.

In the middle of one Friday evening surgery, Mr. White rang to say that he had just got home from the office and had gone to bed. He was feeling "rough" and requested a visit. He would give no further details and declined my suggestion that he should drive over to see me. Mr White was a patient of my partner, who was away for the weekend. I had met him on a few occasions in the past when visiting his wife, who had died of cancer a few years before. He was a 58-year old accountant now living alone. His house looked dark and deserted. The key was in the front door with a note asking me to walk upstairs. I found him, half undressed, in bed with his eyes closed. I sat down quietly and waited. Shortly, he opened his eyes, recognised me and said, "What are you doing here?". It quickly became apparent that he had a complete loss of memory for recent events. He could not remember the name of the Prime Minister but could add and subtract without difficulty. He was calm, sober, co-operative, but puzzled. Physical examination was normal. I remembered seeing a similar patient some 30 years ago. I had called in Sir Charles Symonds, who made a diagnosis of transient global amnesia. The patient fully recovered within 24 hours. I wished that Sir Charles was with me now. I rang my partner on his private line. He was out but would contact me later. I learnt that Mr. White had recently been in the psychiatric unit of the local hospital. I had noted a few anti-depressant capsules on the table. Mr. White could not remember anything about the hospital or the capsules but I felt they might be a clue to the diagnosis. I went home to wait for the telephone call.

I was having a quick meal when another call came in. Commander Black was a typical "Friday evening" patient. He had been ill for several days but as he was in charge of a NATO exercise at the Admiralty, he could not stop working. I found him to have a severe chest infection and supplied him with the appropriate antibiotics. Subsequent investigations revealed a *Mycoplasma pneumoniae*.

Later on, my partner called to say that Mr. White had been in hospital with a minor depression but he could throw no light on his amnesia. He advised re-admission if there was no improvement and gave me the name of the psychiatrist. I rang Mr. White and found his condition unchanged. I decided to wait until the morning and went to bed with some misgivings. It was quite possible for him to get in his car and drive off into the night. I wondered what the G.M.C. would say.

Next morning I telephoned early and was relieved to find him there but disappointed that his amnesia was no better. I rang the psychiatrist but got no answer. I then realised that I had a patient with no friends, no relatives and no business colleagues, added to which his own doctor and psychiatrist were not available. I hurried over after the morning surgery to find him up and dressed. He was quite willing to go back into hospital and I asked to use the telephone. This was more difficult than I had anticipated. His phone was a cordless one and he could not remember where he had left it. When the R.M.O. had agreed to admit him, I sat down to write a letter and contemplate the difficult logistical problem of getting him from home to hospital. It looked as though I would have to take him myself. Unexpectedly, the telephone rang. A near neighbour was enquiring about his health. She was happy to drive him in, lock up the house and inform his relatives. I had been saved by the bell. As I drove on to my next patient, I reflected how much work and worry Mr. White had given me and how most of it could have been avoided if he had come home a few hours earlier. As it was, his determination to finish the week's work inevitably made him a "Friday evening" patient.

Postscript: a few days later, I received a letter from the hospital telling me that the scan showed a cerebral tumour.

Guy's Hospital Gazette



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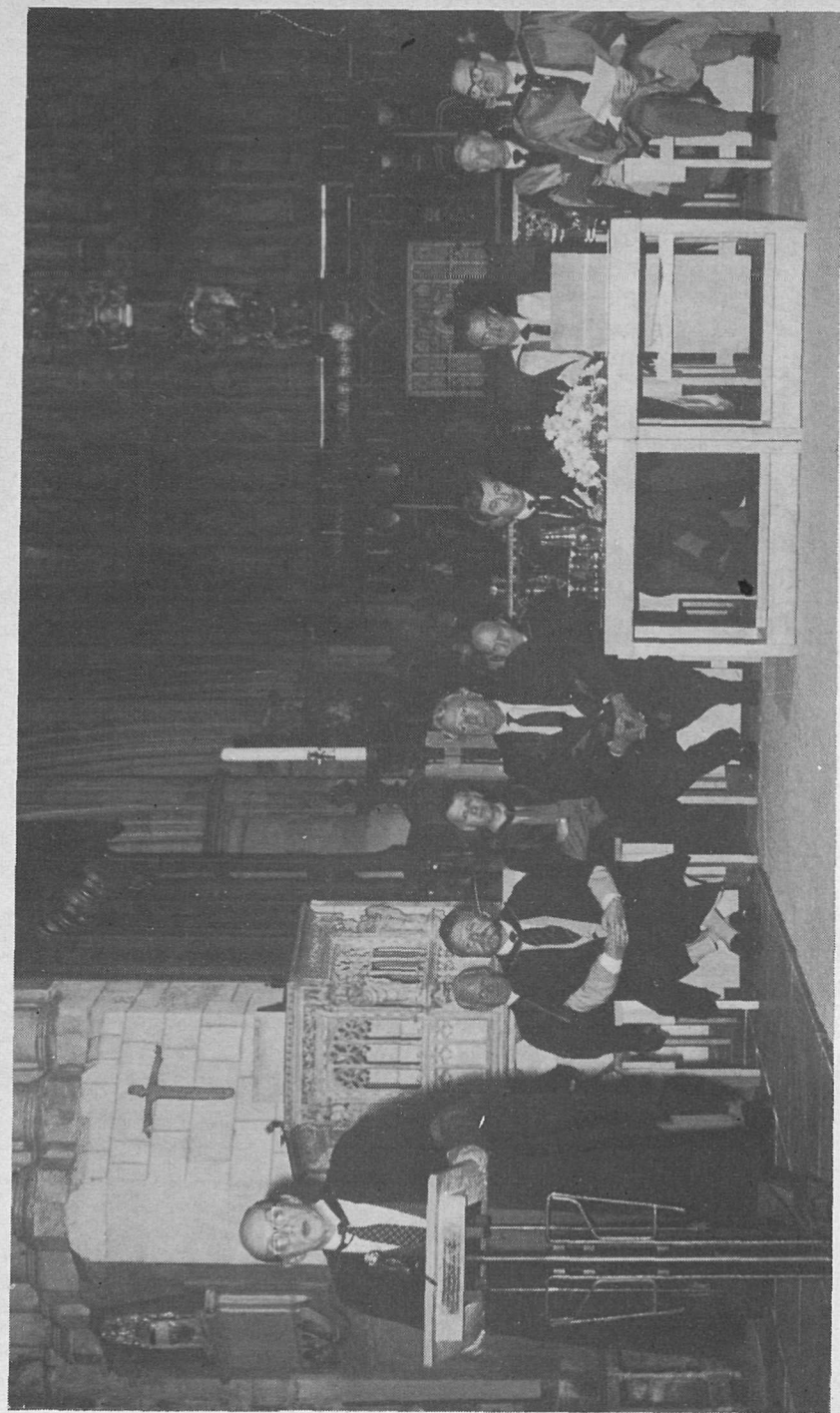
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Sir Roy Griffiths was guest of honour at the dental awards ceremony in Southwark Cathedral.

Dental Awards Ceremony

For one generation at least, 8th May brings the year 1945 to mind. That was VE day. For another certain generation of Guy's alumni, 8th May will be associated with 1987. This is the year when our dental awards ceremony was first held in the beautiful surroundings of Southwark Cathedral.

It is well known that the Dental School has always favoured the idea of such an in-house ceremony but it has taken the support and determination of our current Dean, Jack Rowe and the inspiration of the Dental Society, especially Mark Foster and Pat Sequeira to bring the idea to fruition in such ideal circumstances. Everyone agrees the event was a resounding success. Resounding is a particularly apt description in view of the acoustic majesty of the architecture, accentuated of course by the colourful array of academic dress.

The precision and efficiency of the proceedings belied the haste behind their preparation. This included the Annual Prize Giving and for the first time the recent graduates were presented to our guest of honour. On this occasion it was Sir Roy Griffiths, Vice Chairman and Managing Director of J. Sainsbury plc, Vice Chairman of the Health Services Management Board and a Governor of U.M.D.S. He was chairman of the committee that produced the Griffiths report in 1983. His address to the graduates and prize winners was both complimentary and full of wisdom. Canon Penwarden opened the proceedings with a brief account of the history of Southwark Cathedral. Then Professor Rowe described some of the highlights of the past year and invited Sir Roy to greet the graduates and prize winners.

Many people contributed to the success of the event. Special thanks are due to the Vice Provost and Vergers of the Cathedral for their enthusiastic co-operation with Miss Anne Webster. Also to the Medical Defence Union for printing the certificates for the graduates and to Nick Taylor for taking innumerable photographs of the presentations.

Congratulations

To Professor Jack Rowe, appointed Vice Dean of the Faculty of Dental Surgery of the Royal College of Surgeons of England.

To Professor Tony Naylor, awarded the prestigious Tomes Medal of the British Dental Association in recognition of his outstanding services to the Association.

To Professor David Poswillo, who received the Edison Award of the University of Michigan for his paper on "Microtia, malformation and growth of the mandible".

To Dr John Walter, appointed Head of the Department of Prosthetic Dentistry from 1st October 1987 for a period of five years in the first instance.

Thank You

To the European Prosthodontic Conference for a donation of £450.

To Cherri Linz for £10,000 to conduct clinical investigations into a new analgesic.

To Mr S. K. Arnold, a graduate in 1926, for a donation of £3000 to be used in elective awards in memory of his wife, Dorothy.

To the Central Research Fund of the University for £1000 to purchase isotopes in connection with research on "Chemical changes in dental enamel during demineralisation and remineralisation".

No Thank You

For the tapes of many colours causing an eyesore on the floor in the lifts to the Robens Suite.

Michael Maberley

Physiotherapy

In order to develop their clinical competence and extend their underlying knowledge, it is now usual for junior physiotherapists to follow a planned rotation system whereby they work for a period – in our case, four months – in a specialised area, and then move on to another, and another, until they have completed however extensive a circuit that that department can provide. This will take two to three years, after which time the physiotherapist will be looking for a more responsible senior post, and again it is becoming the custom for these to offer a more limited but more extended rotation between jobs in related areas.

At Guy's, a staff appraisal system has been instituted, and at the end of each rotation the more junior will discuss her performance with the more senior – and vice versa – so that both parties are aware of what has been achieved and the extent to which previously agreed objectives have been realised.

Associated with this extended post-registration educational programme is a series of in-house lecture-demonstrations which the junior staff present to the whole department. Each is required to pursue a project during her period of affiliation to a work-area, and to present the findings for discussion in turn. Sometimes this may be a literature review or a case-presentation, but original work may also be brought forward and discussed.

Interspersed with these are talks on particular aspects of their work by the established senior clinical staff and members of the teaching staff are invited to contribute on topics which in recent months have ranged from laser therapy to apitherapy. Not only has this a broadening educational effect upon the specialist and the inexperienced, but it also keeps the non-clinician in contact with changes in practice. Not least does it encour-

age in the presenter an analytical approach and an intellectual orderliness, and an ability to put forward a concept and articulate an idea. Although the past decade or so has seen major changes in our approach to pre-registration teaching, with a much greater emphasis on participative learning, junior physiotherapists still tend to lack confidence and to be reticent about their work, and this sort of stimulus to think more clearly and to speak more readily and succinctly has to be welcomed.

Presumably, if one tried hard, it would be possible to get through an appointment to the staff here without learning anything in the process, but it would be quite a feat. The opportunity to learn and develop in the encouraging environment provided by the superintendent is readily available to the clinical staff, and the results achieved by them are impressive. For those of us concerned with the basic general education of physiotherapists, this is a great incentive, and we are delighted to know that the growth we have started continues to be fostered.

Ronald Cooper



Money Makes The World Go Round

I stand corrected. Last month I suggested that uniforms were second only to pay as items for discussion amongst nurses. But from the response of colleagues, the prospect of "nurses in trousers" has excited them more than the recent pay award. As nurses have always been under-paid it is probably a truism to say that they have little interest in money: certainly most nurses are unlikely to withdraw their labour, unlike teachers, who got 16%, as opposed to nurses who got 9.5%! If nurses were really interested in making money they would take alternative employment, as indeed some do, and, in common with some apparently prosperous patients whom I have observed, call themselves "Eurobond dealers". Incidentally, I often wonder what these folk do: are they involved in the pre-war Berlin of *Cabaret* (from whence my title) dealing with teutonic maidens using ropes and whips?

HM Government accepted the Pay Review Body's pay recommendation, and start date from April, in full this year. This, the first salvo towards Maggie's re-election, to quote those in the know, and the rest of us will know, soon after reading this. "Angels get massive rise" screamed the tabloids. But how "massive" and which "angels"? The overall average award was 9.5%, but just as in the average UK family there are 2.4 children (or whatever the exact figure is now), no family has precisely 2.4 children, likewise no nurse gets 9.5%. 1st year student nurses, barely keeping their heads above water with the current rate of inflation running at 4.2%, get 4.97%, nursing auxiliaries 7.03%. Ward sisters and senior nurses get over 11%. Now, who lifts the heavy patients, and cleans the soiled beds, most of

the time? Who earns the smaller salary *and* gets the smallest percentage increase? Once more the talent for abusing the poor is exemplified by some less appetising aspects of the Judeo-Christian tradition: "... unto every one that hath shall be given ... but from him that hath not shall be taken away. ...".

Perhaps I am making wrong judgments and unfair comparisons. But what about another statistic, if you're in the mood for swallowing them? I'm a bit of a squirrel, and recently, in the process of preparing to move house, I unearthed some rare early editions. In 1965 our worthy contemporary, the *Nursing Times* cost sixpence (2½p) and a ward sister on top pay earned £1205 a year. The *Nursing Times* has just jumped in before any poor nurse has received a penny of the rise so recently awarded – its cover price is now 60 pence.

Now, I won't bore you with the arithmetic of these figures, but I think most readers will notice a certain discrepancy; those interested in further statistics can obtain them elsewhere. How can the *Nursing Times* defend itself now it has a virtual monopoly? Other publications containing nearly as many "sits. vac." columns are thrust gratis into our hands almost daily as we take our leave of the maze of builders' dust and dirt B.R. deigns to call London Bridge Station – an aperitif for the Guy's site.

Finally, what about other NHS co-workers, ancillary staff and laboratory technicians; their percentage pay rise is less than ours. The nursing press may not mention it.

Denis Cobell

Correspondence

Professor Rogers

Dear Sirs,

Following the death of my husband, Howard Rogers, I was overwhelmed with tributes and letters of sympathy. Each one is special, so ideally I should like to reply individually. Since that is impossible, I should be most grateful if you would broadcast my gratitude through the *Gazette*.

Yours faithfully,

MOIRA ROGERS,
5 Grovebury Close,
Erith,
Kent,
DA8 3DJ

Miss Sheehy retires

Dear Sirs,

Miss Sheehy is retiring in mid-June after more than 40 years service to the School, first in the Conservation Department and more recently in the School Office. Generations of graduates will want to wish her well and those who wish to send a donation towards a gift to mark her retirement should write to me.

Yours faithfully,

Professor A. H. R. ROWE,
Dean of Dental Studies,
U.M.D.S.,
London Bridge, SE1 9RT

Book Reviews

Basic Neuroscience — Anatomy and Physiology. Arthur C. Guyton. 393 pp. £25. Soft Cover. W. B. Saunders.

The central problem in writing an undergraduate textbook, especially in a science discipline, is that of balancing the quantity of information with its quality. The best texts achieve this by giving the recent consensus view — spiced with remarks on the "state of the art" — but avoiding too much conflict of opinion. (Monographs, on the other hand, tend to be partisan and emphasise conflict.) The trouble with this book by the prolific Arthur Guyton is that it reiterates an outdated consensus, and gives no hint of the controversies which enliven contemporary neuroscience.

The organising principle behind this textbook is that the neurosciences, particularly anatomy and physiology, have been taught for too long as entirely separate subjects. This view is commendable: there is great value in covering basic biophysics, neuroanatomy and neurophysiology, and regulation of various bodily systems all together in one textbook. Judged in purely organizational terms, Guyton succeeds in putting this principle into practice: there are well set out sections on gross anatomy, biophysics, central nervous system (the largest section, containing a lot of "peripheral" nervous system), special senses and control of body functions.

Unfortunately, the quality of the information is suspect. Several important (i.e. examinable) topics in neurophysiology are covered inadequately or inaccurately: properties and receptive fields of retinal ganglion cells; cochlear mechanisms and central auditory processing; motor unit types; actions of tendon organs; position sense; feeding and appetite. In some cases the diagrams are lacking in clarity (too small, or too cramped), in others they are simply misleading (why are the transverse sections of the spinal cord drawn "upside-down" in Figures 15-4 and 15-8, but not in Figure 15-17?). The related anatomy is probably insufficient for many courses (certainly for that at U.M.D.S.), and there is little or no coverage of the "chemical neuroanatomy" of neurotransmitter pathways.

This book is generally well produced, and Guyton certainly has a gift of clear expression. Sadly, as he produces successive textbooks his material becomes increasingly old-fashioned, as if his only sources of reference are his own previous publications. This book cannot be recommended to students at U.M.D.S. or elsewhere.

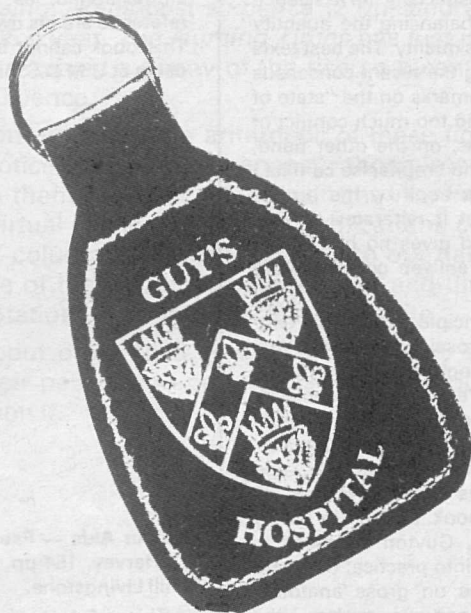
T. DAVIES
Lecturer in Physiology

Colour Aids — Paediatrics. R. Thomas and D. Harvey. 154 pp. £5.95. Soft Cover. Churchill Livingstone.

This is one of a series of 15 books designed for medical students to show the main features of common and important conditions in the various fields of medicine. I am not sure that it succeeds. The book is arranged in sections covering topics and the body systems with 202 photographs interspersed with text. On the whole, the photographs illustrate the text well, although a few are of questionable value. The text is in places too concise and occasionally lacks precision. I was left wondering whether the book was primarily an atlas, as it claims, or a rather condensed short textbook with colour illustrations. A number of typesetting errors added to my unease and I would feel unable to recommend this book as the basis for medical students' study, although it might well be a useful addition to a departmental library.

J. P. MIDGLEY
Senior House Officer,
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The Bore Report

One might almost be forgiven for assuming that good ol' Cedric Bore had met with an unfortunate and extremely untimely demise in recent months. I offer sincere and heartfelt apologies to the keen-eyed few who actually noticed my sudden absence from this illustrious annal and will strive to make that sabbatical my last. One might say that apathy had me firmly by the testicles . . . then again, one might not.

The beginning of this term brought with it the somewhat welcome return of a particular and hitherto suspended dental student (refer to last report for sordid details). As a result of this rather splendid turn of events (O' happy day), the editors and I feel that we must beg forgiveness for the tragic and damaging printing error made in the article about this stalwart of modern society – the word 'plonker' should, in fact have read 'person' and we are indeed deeply regretful. I trust that we may now put our guns and knives back in the cupboard – so to speak – and be the best of chums . . . How about a swift half down the bar sometime?

Speaking of stalwart members of human society, I have been informed that two such characters were apparently 'imprisoned' prior to the Easter break. I am certainly not at liberty to reveal names, yet both are quite identifiable by the quite unmistakable and somewhat hardened criminal look about them. I am assured that these two jailbirds were merely drunk and disorderly and caught in possession of an incriminating gate-post.

I have also been informed recently of some unfortunate events which have taken place in our salutiferous casualty department. Supposedly, one of the nursing staff called in a rather aimless looking fellow who had sliced off his fingers with a circular saw and asked if he "wanted a hand". Most extraordinary.

Last week also saw the fainting of David "I do wish students would confine their comments to their case notes and that's a fine way to get Otitis Media" Beattie (BMS Parts I and II) upon viewing some surprisingly unbloody stitching. When fully recovered and with senses (if present) regained, our

hero exclaimed "I do hope the writer of the Bore Report doesn't hear about this." Fear not, David old sprout, your secret's safe with me.

The Easter period, as we are all now fully aware, saw the inevitable annual return of the Spirochaete tour which, I am told, was a pleasant weekend for all involved. Also during this period, I have discovered that twelve intrepid adventurers took themselves to France for a week of skiing. One of their number, our onerous social secretary, tells us that whilst fleeting down his favourite black slope, he happened to bump into a rather attractive (so he claims) French lass, whereupon they exchanged addresses and promised to write. I have since managed to obtain a copy of her fourth epistle and it reads – "I have well receive your letter. She has me very any pleasure. At home it does very nice, sun to the end of half past eight, this is extra."

The literary masterpiece then continues somewhat dubiously and ends with:

"Can you enjoy your photo please. I hope what you your by out in your course medicine. My best regards, Lover Sylvre. PS. Drive quick – me."

Well Zaheer, looks as though you've hooked a regular little Shakespeare there. Be kind enough to explain the parts about 'lover' and, drive quick – me, – I do believe we are all slightly befuddled (bumped into her and swapped addresses indeed).

Incidentally, I understand that the consultant of paediatric urology (or something of that ilk) has complained about the lengthy trail of beer glasses and bottles that appear between Boland House and Wolfson House after every hop. Has this man never read Hansel & Gretel? I do believe, sir, that when under the influence, these markers serve their purpose splendidly.

Finally, in the next report, we will be starting a photo-caption context – with amazing cash prizes (or a weekend for two in St. Christopher's) please send any possibilities to the Gazette Office and we shall consider printing them.

Cedric Bore



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ATHLETICS CLUB U. L. College Championships

News indeed, the establishment of a U.M.D.S. team. A liaison between the two athletics clubs was accomplished this year, and from it a single team entered the U. L. College Championships. The merging produced a strong team despite the loss of some eminent athletes through injury, exams and the late Easter holidays.

The only real opposition came from Imperial and Goldsmith's Colleges. First the bad news: in the men's match Imperial came first. We were just 6 points behind the team that won last year by a clear 42 points. The good news was that the ladies left the other teams trailing by 19½ points (St. Mary's) or more (Imperial et al). The overall match result was of course that U.M.D.S. in their first match became U. L. Champions.

The performances of note from our male athletes included the first place in the 2,000m walk for 'Hips' Philips, 2nd in the 2000m Steeplechase and 6th in the 3000m for Keir Powell, 6th in the 800m for Ron Simon. Justin Sims was 5th in the 100m and 7th in the 200m. Meanwhile in the field events Dominic Yu was 5th in both Triple and High jumps and 7th in the Long jump, while Nigel Monaghan was 2nd in the 100m, High hurdles and the Pole vault, 4th in the Triple jump and 3rd in the High jump.

Of the St. Thomas' men, John Kitching showed his ability to throw anything (first in both Javelin and Hammer, 2nd in the Shot, 4th in the Discus), along with T. Huseyin (9th, 3rd, 5th and 3rd respectively in the same events). With J. Reid (9th in 1500m), J. Lucas (4th in the 800m), and R. O'Donnell (9th in the 3000m) we were ably supported by our colleagues. Special note too of Mark Scrutton who sustained an ankle injury in the 1500m which prevented his further participation. At least he did win his event.

The relays provided a few more points with 5th in the 4 x 100m and 4th in the 4 x 400m (it was in these events that we lost 14 points to Imperial who came first in both races).

Our girls did rather better in relays. The same four girls came 1st in the 4 x 100m and five minutes later came second in the 4 x

400m. 'Speedy Sarah' in a reasonable time (for her) of 65.4s for the 400m was an easy winner. Kate 'Will she or won't she' was also first to cross the line after a one lap race – the 400m flat. Ginny Kingsmill was 11th in the 1500m and 4th in the 800m. 7th in the Long jump and 6th in the Javelin went to Lisa Carter. Eli Elson threw the Shot, Discus and Javelin into 3rd, 2nd and 2nd respectively.

The St. Thomas' Ladies were C. Peacock (7th 100m, 4th 200m); J. Dutton (1500m 12th, 800m 5th); K. Barnes (400m 2nd, High jump 3rd, 200m 3rd, Long jump 8th); and K. McGlashen (Shot 2nd, Discus 1st gaining an injury in the process).

Many thanks are due to Professor Clark and Mr. Baker for their support which allowed such a successful result. As the Guy's captain I would like to point out that the result was of a joint effort, before and on the day, and thanks are also due to M. Scrutton and K. McGlashen of St. Thomas's who were instrumental in the merging of the teams.

Fear not however that this is the end of Guy's as a separate club. There is the matter of the U. H. Shield, a trophy that we snatched from St. Thomas' last year by half a point. That event is on the 27th May and we desperately need a full strength team if we are to retain the Hospitals' Championship.

N. P. Monaghan (Guy's Capt.)

BOAT CLUB REPORT WOMEN'S HEAD OF THE RIVER Saturday 14th March

This was another new event this season for the Ladies VIII. The largest ever entry of 95 crews raced from Mortlake to Putney and Guy's finished in 67th place in 23.13 mins, top of all the London hospitals, beating Barts, the London, Charing X and Westminster, and King's.

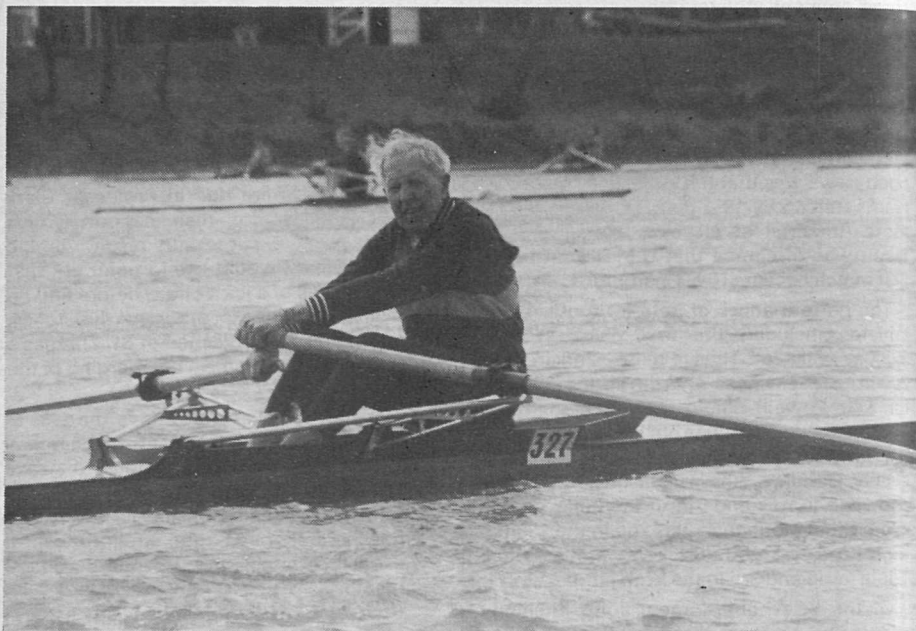
KINGSTON HEAD OF THE RIVER

A large Guy's squad of 28 set off for Kingston with the huge trailer carrying two Vllls and two IVs. As we were reassembling the boats, our President, Mike Gleeson, arrived – not to support us, but to row for the opposition in a Bewlbridge VIII. He did, at least, wear his Guy's vest! The Men's VIII rowed superbly to knock over 2 minutes off last year's time, finishing 67th (21.18 mins) (4th in the Novice division). The Ladies VIII, in their last race of the Head Season, finished over a minute faster than the only

other hospital, the London, adding to their best ever string of Head results.

The two Men's IVs lacked the necessary stamina for this long course but the 'A' crew rowed well to finish in 25.53 mins. The 'B' crew suffered in a mild collision with a reckless Lea IV. Backing the boat down to avoid an argument with a barge added considerably to their time! Needless to say they came rather low in the final order (bottom actually!).

After a quick game of American Football, the evening finished in fine Boat Club style in the Goose and Firkin.



Dr. Ernest Huddy

TIDEWAY HEAD OF THE RIVER RACE Saturday 28th March

A huge gathering assembled to watch the finish of the Oxford and Cambridge Boat Race from the balcony of the boat-house. Thunder, lightning, wind and rain all added to the intense excitement.

The Men's 1st VIII waited anxiously to see if conditions would improve for the huge Head race of 420 Vllls setting off at 3.45 pm. They did, and the very wind which almost sank the O & C boats, helped the crews to record times in the Head race, rowed in the opposite direction along the Championship course. After a long wait, the Guy's VIII set

off at 306 and passed 305 after 200 yards.

As Hammersmith Bridge loomed ahead, the cox called for a "Photo Ten" and the loud cheers of the Guy's supporters spurred the crew on to pass crew 304. The finishing time was 19.43 mins (284th place) rising 22 places from last year. This was a fitting end to a fine Head season for the Men's 1st VIII.

Thanks to Jon Pollard (No. 7) for being the odd one out in all the photos and to Judith Deprose for her fine coxing and (mostly?) helpful criticism.

Report on Guy's incredible Bumps successes in the next issue.

No. 3 Stroke Side

SCULLER'S HEAD

Saturday 11th April

Guy's was greatly honoured this year to have a Guy's Man win the Veteran Over 80's pennant in the 500 strong Sculler's Head. Dr. Ernest Huddy, aged 83, still sculls regularly near his home in Blandford, Dorset. He rowed in the successful Guy's VIII which won the Hospital's Cup in 1927 and his name appears on the 1927 blade which decorates the boat-house clubroom.

This is his report on this year's Sculler's Head:

Conditions were severe, with a very strong wind. This was "following" for the first section, having the usual effect of "taking you off your feet", and was a strong head-wind below Hammersmith, making the bit below the Bridge a very considerable struggle.

I went out when I heard the Starter say "No. 265", and went up-stream for a short distance as a minor warm-up. When I got back to the U-turn area, I was alarmed to hear the Starter say "No. 342", and I was No. 327! I could not think what could have happened, until I noticed that there was a very large accumulation of scullers, including No. 231. There was complete confusion and perplexity. At one point the Marshal said "Everybody scull up-stream". This only added to the general confusion. I returned to the U-turn area after about ten minutes, and was able to see that scullers were being sent off in any order or none. I got a place in the queue without being told off, and found out afterwards that I was about six numbers after Len Habbitts and some others who were more or less in our part of the original order.

Thanks to my outing on the Thursday, when I did Barnes Bridge four times, I did this part well. I also did the part from Hammersmith down better than I had done in earlier races. However, I made rather a mess of the long middle section between the Bridges, being much too close to the Surrey bank, and losing *some* time at any rate. When I disembarked at Putney, I heard someone say that any sculler who had survived the conditions deserved a medal!

They provided one for the Veteran 80 class again this year, and they have very generously decided to give me that.

"Going for Guy's" this year has given me more pleasure, and indeed more pride, than I can possibly express.

Dr. Ernest Huddy

The Veteran's Tideway Head

The excellent new Boat Club President persuaded us to turn up, not only on a Sunday morning in March at 8.30 a.m., but also on the very Sunday the clocks went forward so it seemed an hour earlier. With the Oxford/Cambridge Boat Race the previous day having to take special measures because of the weather we were pleased to find a brilliant sunny but cold day.

The Veteran's Head of the River, and in rowing a veteran is 27 years old or more, is rowed over the Boat Race Course, but in reverse, i.e. starting by the Guy's Boat House at Mortlake and finishing in Putney. This was to be rowed downstream with a strong current helping us on our way. With no spare man as reserve and crew members travelling from some distance we were all relieved that we were assembled in time, the more experienced with wellington boots to avoid cold wet feet when wading into the river to launch the boat. Some, no several, of us had not rowed for over 20 years and how things have changed. Blades are colour coded – red for stroke side, green for bow side – one eight had audio installed so the cox can talk to the crew through loud speakers along the boat, the splendid Boat House has central heating and hot showers, the river seemed a bit cleaner and the Boat Club had an ergonomic flywheel measuring device rowing machine (linked to computers?) to measure rowers' performances.

As Crew No. 48 we set off upstream and with various manoeuvres managed to avoid most of the other crews all trying to assemble in numerical order facing upstream on a river with a very fast running current and also an official PLA boat hooting and charging down between the eights to some emergency situation downstream. We did crunch into the woodwork of another boat



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with one of our metal riggers cutting a substantial slot in the woodwork of the cox's seat and getting jammed, two crews were locked together floating downstream with other crews very near. After various suggestions it was agreed we would stay where we were and the other crew would just row on and suddenly we were free. When we managed to turn downstream and to row down to Chiswick Bridge as we emerged through the bridge a megaphone voice said 'No. 48 go' and we kept on. Crew 49 starting behind us overtook us in less than a minute, then Barnes Bridge came, then later Chiswick Eyot, then cox said 'Can see Hammersmith' which cheered us a bit. By Fulham Football Ground 'Give us a ten' came the command and the weary eight tried a spurt, but it didn't make much difference to our speed. Then near Putney 'Another ten' and we thought we had finished the race - 'No, a bit further' - 'Now we have gone too far' - 'Where's the finish' - 'Let's turn round' - 'Easy oars' - 'Let's have a rest' - 'We've done it'. Only being overtaken by half a dozen crews (they must have had a practice) but where is the other Guy's crew? We turned and rowed back up to the Putney Boat Houses and pulled in for a rest. The stream was very fast going back and we were weary. Eventually we made it back to the Boat House after a multitude of 'time out' rests and calls for oxygen on the way. Next year we will hire a lorry to take the boat back. Are we doing it again next year?

A few blisters, a few weary muscle groups not used for years, lots of pride and a great sense of achievement. But what happened to the other veteran crew? We never saw them. Once landed at the Boat House we found that the PLA launch which had been charging down on us at our start to an emergency situation was in fact going to rescue the other Guy's crew - but that's another story.

The Guy's Second Veteran Eight which completed the Boat Race Course with much honour was (years since last rowed or coxed in brackets):-

Cox Donald Bompas (45)
Stroke Simon Parsons (21)
7 Geoff Moulding (3)
6 Seiffy Shaheen (5)
5 Robin Rippon (26)
4 Peter Venning (21)
3 Gerry Diamond (27)
2 Richard Newton (11)
Bow John Munson (15)

M. J. Gleeson

FOOTBALL CLUB AGM Friday 1st May

The Chairman for the evening was Keith Underwood, who had kindly accepted the responsibility at short notice. His first function was to announce that Professor Robinson had stepped down from his position as President, after nearly a decade of support. All those present joined in a show of thanks to the Professor for his services.

The 1st XI Captain's speech, delivered by Nick Tucker, was notable for its completeness. The team this year were promoted into Division 1 and were unfortunate to lose in the semi-final of the U. H. Cup. To ensure that there was no complacency amongst the ranks of the "old boys" present, Nick reminded them of their dismal 8-1 defeat in the Past v Present match last year. Finally, he gave the 1st XI Player of the Season award to Phil Roberts.

Paul Elphick presented the 2nd XI report at the end of another successful season for the team. This season they were Champions of their League and lost in a closely fought U.H. Cup semi-final. The Player of the Season award was deservedly given to Raj Sajjanhar, after his highly successful first season with the Club.

Bill Schaeffer, in his capacity as Tour Secretary, gave an absorbing and illuminating dissertation on "The Train Timetables of North-West France". Refreshment was kindly provided by the hecklers. The tourists did all in their power, so I am told, to further Anglo-French relationships! At any rate, they returned with yet another hideous trophy to add to their collection at HOP. The French are making a return visit in June.

The elections for the offices of the Club were, as usual, eloquent, vociferous, violent and rigged! The Chairman seemed a trifle unfamiliar with the concept of one man, one vote. Still, as is usual with the Football Club, mouth triumphed over muscle and the following were duly elected:

1st XI Captain: Dave Callaghan
Vice-captain: Raj Sajjanhar
2nd XI Captain: Gautom Biswas
Vice-captain: Paul Abrahams
Treasurer: Neville Naterwalla
Secretary: Paul Elphick
Tour Secretary: John McHugh

It was to nice to welcome back several "old boys" who still maintain an interest in

the Club, namely Dave Greenaway, Tim Harris, Ed Rytina, Anu Biswas and Neil Croucher. The Club also received messages of support from Steve Robinson, Neil MacLoughlin and Mark Scriven (now happily married).

The final item on the agenda was the discussion on the appointment of a new President. An announcement will hopefully be made soon.

The evening was ended with a splendid meal at the Anchor. Our thanks to the staff for their tolerance and to Ed Rytina for "picking up the tab".

Nigel Marchbank

LADIES HOCKEY CLUB AGM

The ladies hockey AGM proved to be an unforgettable experience, as absolutely nobody will let the team forget their performances at the Inflamm afterwards.

Vanessa Skelton was nominated captain for the 2nd year running and was unanimously voted in with Rachel Harrison as Vice-Captain so that she can take over when Nessie visits the temping agencies (Only joking, Nessie – we *know* you'll pass!)

Emma Ross will take over as 2nd team Captain from Caroline Killick and hopefully we will be able to enter the team into the league next season (no more riots with the Midland Bank!). Any keen players are asked to put their names and telephone numbers in the Ladies Hockey Club Pigeon Hole. Alison Dick will be the new treasurer after years of good work by Sue Hamilton. Helen Whelan takes over as the fixtures secretary (and general dogsbody) from Sarah Lambert, who did a splendid job last year. Claire Peace was lumbered with organising future tours as hopefully she will have learnt by her mistakes from the last one!

A motion was passed that we should find ourselves a President and maybe this will give us more recognition – but then again, this motion was also passed last year, and as yet we have been unsuccessful in finding a suitable candidate.

The most important award of the evening was won by Cress Barry as the "Dickhead of the Season". It's amazing how much that hat suits her! After all the business was over (the usual ½ hour long meeting), the team

retired to the bar for liquid refreshment and took over the dancing at the Inflamm. Thanks to Plasma for playing the official tour record (Dancing Queen, by ABBA) which was probably the best record all evening.

LADIES HOCKEY CLUB EASTER TOUR TO UTRECHT

Having managed to lose only four members of the team before even setting off, the tour started on a good note! Thanks to Tom for bringing Nessie's handbag to us, but we would have preferred it if Nessie had been attached!

Team spirit was not to be diminished, however, and the girlies began drinking on the coach, while wondering what the hell had happened to the other members of the team. Bow ties were handed out to be worn at all times on tour (what a giggle, eh!)

With only five minutes left until the ferry was due to depart (all other passengers having boarded an hour before) a black minicab screeched to a halt outside and a flustered captain leapt out, much to the relief of the team, and to the chappie who was trying to urge us onto the boat!

There was no problem in deciding who would wear the team "DICKHEAD HAT" on the journey after that performance! With Nessie's arrival, we were just left with Di, Nicky and Clare to find!

The seven hour crossing proved very eventful, but unfortunately a little too long for the captain and secretary, who were caught crashed out on deck. Our dear ex-captain showed herself to be nearly as dim as we thought when it was announced that Clare Chavasse was on board and waiting at the information desk (did she think the girl had been winched on by helicopter or just swam and caught us up?). I don't think we need mention that a certain Caroline Killick was also taken in!

Having arrived in Holland, we made our way to Utrecht by train. The natives proved very friendly and it wasn't long before team members became fluent in the lingo! We arrived at Utrecht to find the lost sheep of the team had made their own way there and were waiting for us! What team commitment!

The team "hotel" was run by a strange group of men with a craze for the Mona Lisa (yes, picture not the film!) but we learnt to live with that – well they had to live with us!

Day one of the tournament was a scorcher, but unfortunately our hockey wasn't so hot. But as usual the Ladies made themselves known by encouraging our host's team rather loudly and our team PR Officer, Clare Webster, ensured that we met all of the eligible young men around.

Having been on a diet of ham and cheese sandwiches all day, the barbeque in the evening was a welcome relief and the party afterwards proved to be the stage for many sound individual performances! After a few cocktails in the "hotel" bar, Team Captain was obviously having a few problems changing and Nicky Montgomerie earned the title of "Smoker, Got Lost On Touren", when caught puffing on a ciggy, totally unaware of her action! "Baby Capsized On Touren" soon cleared the dance floor with her Kate Bush dancing impressions, but Nicky was having a little more trouble co-ordinating any sort of movement.

Ex-captain turned her hand to Blackjack and despite all the good advice from her fellow team members, lost all her money (Captain doubled her stakes). Travelling home from the party was an unforgettable time for a certain "Sniffer" who managed to make herself comfortable on two chappies in a 12-seater minibus occupied by twenty people (We'll say no more, Helen!).

The second day was late starting due to team hangovers and Captain was consider-

ate enough to sit out and let the others have a game or two! The team finished in a respectable 5th position (this was an International-ish tournament!) and thanks must go to the previously unfound acrobatics of Jane in goal.

The ferry trip home proved just as eventful as the trip there. The disco floor proved too much of a temptation and was soon taken over with Nessie exercising her vocals with her own (now famous) rendition of "Summer Time" with Cress on backing vocals.

Caroline Killick was unfortunate enough to celebrate her 21st birthday on the way back. The amount of duty-free whisky that was consumed by the birthday girl ensured it was a day never to be forgotten.

It was a very successful tour and the team are looking forward to next year's outing when we will hopefully travel together! Big thanks to Claire Peace for organising everything while the captain was bogged down with failing her exams!

Finally, good luck to Zena on her tour to Belgium - be sure to give Peter our love!

TEAM: N. Montgomerie, C. Barry, C. Holden, H. Whelan, C. Chevasse, S. Lambert, Z. Brencley, Z. Hamilton, R. Harrison, V. Skelton, C. Peace, A. Astbury, A. Dick, J. Emerson, S. Dean, C. Killick, E. Ross, C. Webster

ANON

Hospital Information

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DEATH

AGRANAT, Dr. Barnes. We have received news of the death of Dr. Barnes Agranat who qualified at Guy's in 1935. He served with the Desert Rats during World War II, after which he returned to South Africa to practise in Johannesburg. He was much respected and loved and died tragically when brutally murdered during a robbery.

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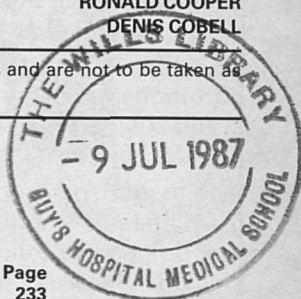
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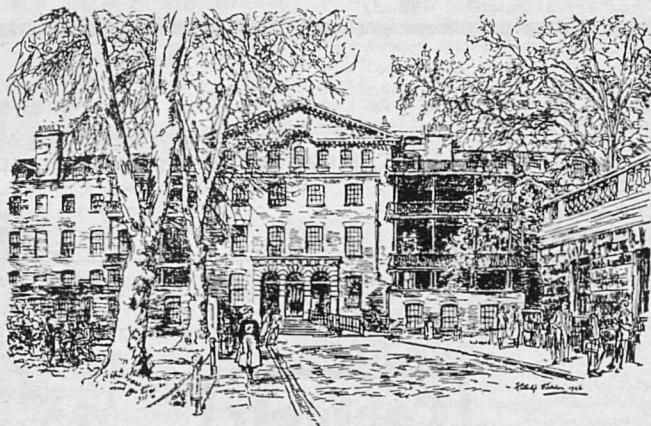
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High-Technology Blues

We emerge from the throes of the general election to see once again the Tories in power. So no doubt for Guy's and other hospitals it will be business as usual – if one can describe the recent past as "usual". Indeed, one might be pardoned for believing that the N.H.S. has been perpetually "in crisis". However, political preferences aside, it is perhaps worth noting that Health was seen as a major issue of the election by a large proportion of the British people. Yet, with the possible exception of Mrs. Thatcher's and Mrs. Healey's use of the private health sector, the media coverage of this subject seemed to have been buried by an avalanche of attention on individual personalities. Maybe it is naive to imagine that one should be voting for principles and policies rather than personalities or perhaps this is just one more demonstration of our "special relationship" with the U.S.A.

Nonetheless, one cannot help wondering what the next four or five years will mean for Guy's in particular. The construction of Phase III will hopefully begin in this period, but apart from this it is hard to imagine that there will be substantially more cash for clinical or other services. Thus, as ex-Guy's nurse Eluned Hurn observes in her article on page 253, each department will have to continue to fight for its slice of the cake. Whether it is due to these budgetary constraints that Mrs. Hurn finds Guy's a less friendly place than when she was here in 1947–52 or whether the ever increasing specialisation and resulting insularity is responsible is debatable. Certainly the changes that Guy's has undergone over the past few years and will see in the next may well have rendered Guy's unrecognisable and different to people from past generations. And no doubt this is a sentiment common to successive generations throughout the whole history of Guy's. After all, one must move with the times. However, while the current generation can reassure itself that the amalgamation with St. Thomas's Hospital Medical School to form U.M.D.S. and the planning and approval of Phase III were all necessary for the survival of Guy's as a first-class teaching hospital, it is sad and worrying for us to hear that we are perhaps losing some of our humanity in comparison with the past. While many would refute this suggestion very strongly and with truth, it is important for us to remind ourselves that a sense of humanity must remain the fundamental basis of our clinical practice. Are we in danger of hiding too much behind our high-technology machines and procedures? And with respect to competing for funds, perhaps we are nearer the hype of political elections and personalities than we imagine?



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Professor Sydney Cohen

Sydney Cohen, Professor Emeritus, has been awarded the William Julius Mickle Fellowship by London University. This is awarded to the graduate of the University who has done most to advance medical art or science in the preceding five years. Professor Cohen has also been awarded an Honorary Degree of Doctor of Science by the University of the Witwatersrand.

Henry Green

Mr. Henry Green, Finance Officer at Guy's and U.M.D.S. for the last 15 years, has been appointed Financial Secretary to the University of London Court. Mr. Green also looked after the *Gazette's* accounts, and we wish him well in his new post.

Tessa Hamblin

Tessa Hamblin, who trained at Guy's in 1969-72, and is now consultant physiotherapist with the Spastics Society of East India, was awarded the MBE in June 1986 for her work in Calcutta.

Gazette Office

Sylvia Rodd, our office manager, left us at the end of June and we wish her well for the future. However, until a replacement is appointed, there may be occasions when the office is unmanned during the day. We would like to apologise for any inconvenience this may cause.

Correction

The eminent surgeon in our photograph on page 193 of our last issue was not Sir Charles Symonds as stated, but his father, Sir Charters Symonds. Our thanks to Dr. Ian Mackenzie for pointing out our error.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are July 15th and September 2nd.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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Clubs' Union News

With the summer exam season in full swing, the Clubs' Union has been a little dormant recently apart from the highly successful Summer Festival (for details, see the report on p. 237). Thus, this Clubs' Union News is perhaps a little brief.

May Yeung retires from her post of Junior Secretary in order to spend a year in Japan. I would like to take this opportunity of thanking her for all the hard work she has put in during the last few months and wish her well in her year away. Many congratulations to Dave Maudgil who has been elected as her successor. I am sure he will continue her good work.

As many of you may be aware, some of the Friday night hops have been a little more rowdy than in the past. In fact, it has reached the point when not only the residents are complaining – they always do – but complaints have also been received from the wards in the Tower. I would like to stress to all clubs that they are responsible not only for clearing up after hops, but also for ensuring they finish on time and the noise is kept down to a reasonable level. Copies of the regulations regarding hops are to be distributed to all clubs soon, and I trust they will take note of them.

On a slightly more harmonious note, congratulations are due to the Music Club who recently held a successful concert in Southwark Cathedral (see report on p. 257) and a recital in Guy's Chapel.

Although it may seem a long way off, Freshers' Week is already being planned. Any new ideas or comments from all you past Freshers would be welcome – please let Zaheer Yousef or me know of any suggestions.

Nigel White
President

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The Summer Festival 1987

Report by Zaheer Yousef

For those of you who have forgotten, can't remember or don't want to remember, the Summer Festival was held on Saturday, 6th June. On the whole the day was a great success; all the competitions were well supported and the bars were well visited.

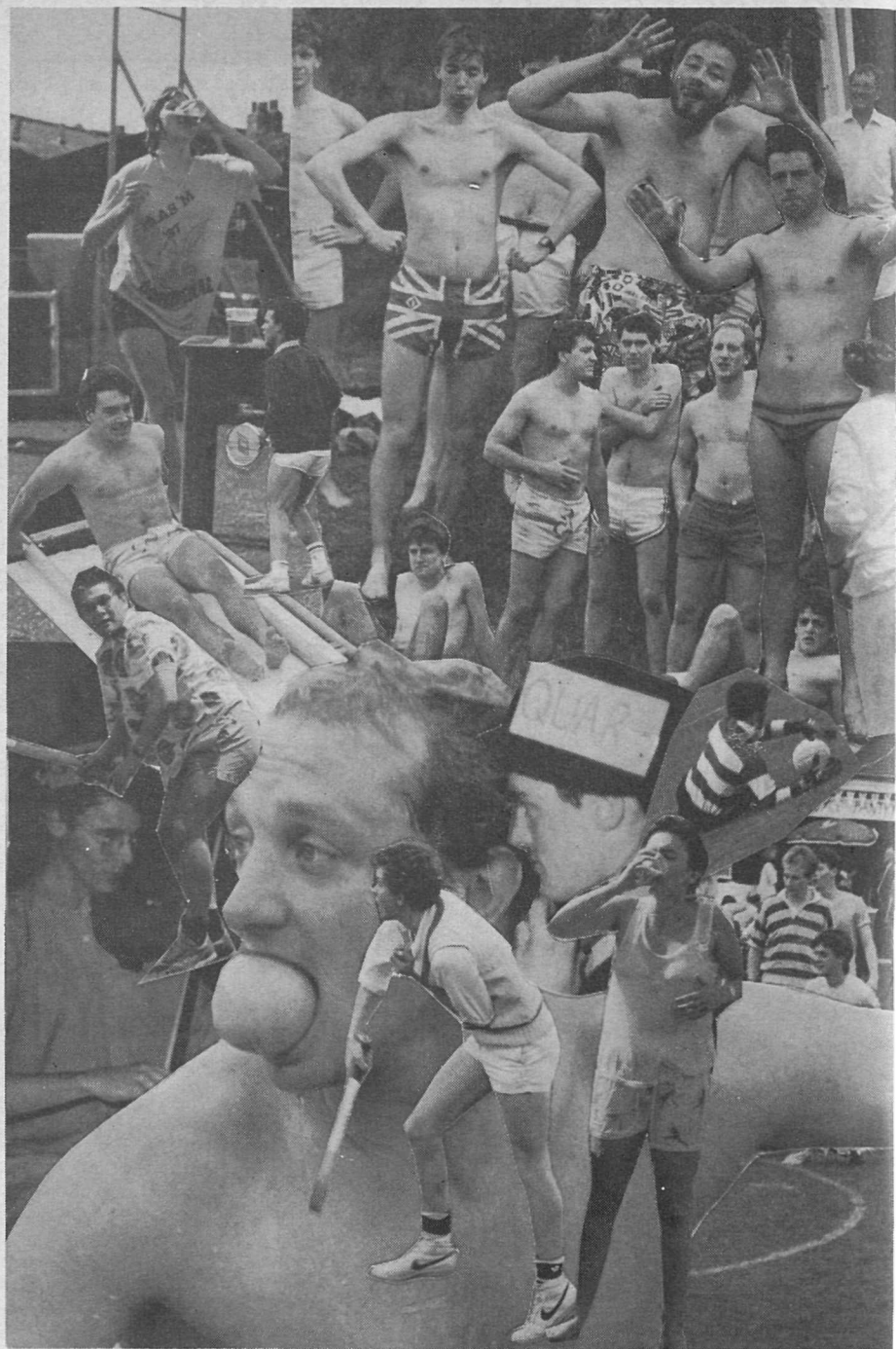
Just to prove that Guy's is striving to make this U.M.D.S. thing work, we let the Tommies 5-a-side football team win the overall competition. "Eddie and his Hot Nobs" took the runners up title, and also the overall Guy's champion's prize.

The mixed tennis was, as usual, a very close fought competition. This year, there was an added incentive to win: Slazenger kindly donated prizes which were well worth fighting for. In the end Russ Stuart and Rowena won the competition, with Earl Read-Ward and Di Bradley as runners up.

The mixed rounders, a new competition for the Festival, was heavily oversubscribed. Sarah Lambert's team won the overall competition. Claire and Stuart's team (what a fine couple) came a close second. There was a booby prize in this competition which was won by the Girlie Gropers.



The Girlie Gropers



The record for the 5½ mile mini-marathon was broken this year by almost half a minute and now stands at 31 minutes 33 seconds. The winner was Leo of the Anatomy Department, with Pete Thomas 30 seconds behind. Thanks to Paul Waterhouse for providing the winner's cup and champagne.

The obstacle race this year tested the stamina, skill, speed and above all bottle of all the competitors. The competition winners were P. Scanlon and C. Redman, A. Watts and C. Welsby.

The "general knowledge" quiz was yet another hard fought battle. The winners of the dentists' category were A. Watts, C. Redman and R. Docker; and those of the medics were S. Ward, S. Millar and D. Quick (claims he had the highest I.Q. in prep school). The overall winners were the dentists together with certain members of the audience (they obviously cheated).

Probably the greatest surprise came in the tug-of-war competition. The rugby club "fat-boys" were clearly beaten by the ladies' rowing club! *(which will no doubt refuel the arguments for rugby scholarships – eds)*. Keep building up those thighs, ladies.

However, even the ladies were not the winners of the final competition whose name protocol prevents me from revealing.

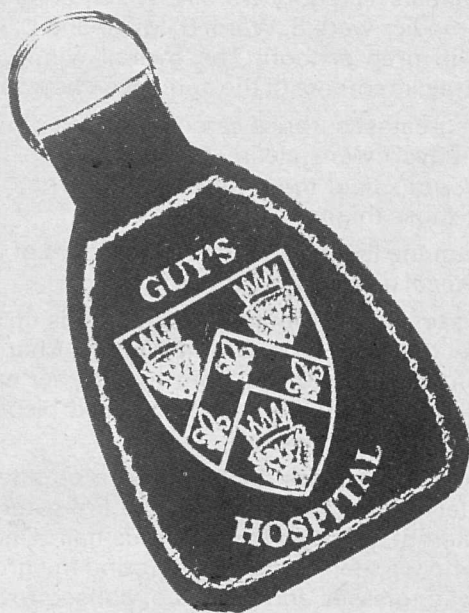
Needless to say, all this running around builds up a ravishing appetite. However, this still does not excuse Alan Whelan, Charlie Pugh (is he still at Guy's?) and high I.Q. Dave Quick from eating raw earthworms and cold doner kebabs. Jane Emerson's much publicised picnic was welcomed by everyone, including the earthworms.

The afternoon entertainers finally did turn up after a 4-hour detour to Kent. Unfortunately it was too windy for the fire-eater to do blow-jobs. He did make one attempt, but burnt most of his hair. One must feel sorry for Mickey Mouse who wandered aimlessly around the grounds only to be met with low flying beer glasses and strings of abuse. However, the snake and sword acts did the trick by keeping the audience bewildered and amused (except for a couple of people who are bent on animal rights).

The Hümme! string quartet (triplet actually) brought a touch of culture to the afternoon. This was preceded by deafening sounds from Plasma who also took over the role of providing the evening's entertainments.

I would like to take this opportunity to thank everyone involved in organising the Summer Festival and for making such a success of the whole event. Finally, I would like to ask a question: why is Guy's Hospital signposted from Croydon High Street?

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House Job Allocation: A National Survey

by Thomas Dent and Jonathan Gillard

Over the past few years, a major source of student anxiety at Guy's has been the system of house job allocation. We have been unhappy about the method used here, and undertook a national survey to compare it with other medical schools. In this article we report on our provisional findings.

We wrote to the Postgraduate Dean or Secretary at every United Kingdom medical school asking for details of the scheme in his school, and also to a senior medical student asking for the undergraduates' views of the scheme. All but two medical schools (Dundee and St. Thomas'!) replied.

There were three broad approaches. The first is a "free market", in which applications are made as for a post-registration post following public advertisement, and appointments are made on the basis of CV and interview. Birmingham, Glasgow, Leeds, Newcastle, Nottingham and Southampton use this method – all but one have to import students from other regions since the local medical school's output is less than the number of posts in the region. Consultants therefore must attract applicants (a seller's market), and tend to make private arrangements with students on their firm, as early as the second clinical year, to avoid being left high and dry. Some medical schools in this group have tried to set a start date and forbid pre-empting, but they are often ignored.

The second approach, the most popular, is to set up a match between students' and consultants' choices. Students list, in order of preference, jobs they would like, usually with a numerical limit (though not at the Royal Free and Cambridge). Consultants are notified of which students have listed their post, and, except for Aberdeen, Edinburgh and King's, receive some background information from the student or a formal CV. They may or may not be aware of the student's preference for their job, and his or her medical school academic record. In most cases, they have an opportunity to interview the applicants – how many bother, no-one knows. The consultants then return their list, expressing preferences for the applicants, and, either by computer or committee, the preferences are matched to maximise "contentedness".

The third approach, which only Bart's and Guy's follow, is to control access to the posts on the basis of an end-of-course accumulation of consultants' assessments (sign-ups). At Bart's, students are graded into four "boxes", and each submits a list of jobs they would like. Consultants may express a preference for particular applicants, and then the two are matched, with priority given to Box 1 and 2 applicants. Guy's, uniquely in the United Kingdom, refuses consultants any influence in the allocation, relying on the ranking of sign-ups, with minor modifications.

Is there a best buy among these differing approaches? The first point is that most of the free market medical schools were driven to that method because consultants refused to abide by an organised scheme; Newcastle and Southampton had computer-matched schemes which had to be abandoned. A free market method introduces students to answering

advertisements, preparing CVs and the other skills of selling oneself in a relatively benign atmosphere in which everyone gets a job eventually – a useful preparation for applying as an SHO, a vocational trainee, and beyond.

The Todd Royal Commission on Medical Education argued, however, that medical schools should formally organise the provision of house jobs, since in a free market students may accept the first post they are offered, while one not yet advertised might well be a better job for them. If all jobs are offered simultaneously, they can take their pick (hence the suggested “start dates”), but free markets are incompatible with this regulation. This is a serious problem because experience shows big importing regions will not accept a formal scheme; consultants fear being beaten to the candidates by their colleagues.

The matching schemes are deservedly popular. All the jobs are allocated simultaneously, so there is no pressure to settle for second best, students and consultants both influence the match (in most cases their mutual preferences are given equal weight) and there is a place for students to mention their extracurricular activities. This increases their enthusiasm for non-academic pursuits, enhances the life of the medical school and helps their long-term chances of promotion. The ideal scheme would provide a rehearsal for “real life” – interviews, CVs, a large range of possible jobs – without the risk of ending up unemployed, thanks to the national safety net which matches the number of house jobs to the number of medical graduates.

There is nothing wrong with placing some information about the students’ academic record before the consultants, but surely our own dear Guy’s scheme pursues this with an excess of zeal? As the Clubs’ Union President and SMEC have pointed out before in the *Gazette*, the Guy’s scheme reduces students’ enthusiasm for all non-academic aspects of our corporate life, and the dead hand of sign-ups is an intrusive influence on all our lives. The scheme was set up because previous students felt consultants were abusing their position by awarding jobs on trivial criteria, related often to the pursuit of an oval ball on a playing field. Perhaps the time has come to test again the integrity and moral rectitude of the consultants, and move towards a freer and less corrosive approach to house-job allocation here at Guy’s.

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Research in the Guy's Hospital Cardiac Department: A Brief Overview

by R. A. Henderson (Cardiac Research Registrar)

During the last decade clinical cardiology has been revolutionised by the introduction of new treatments for coronary artery disease, valvular heart disease and cardiac arrhythmias. At Guy's Hospital the cardiac department has contributed significantly to many of these developments as well as providing cardiac services for the South-East Thames region. The department's current research activities are predominantly clinical, with particular interest in percutaneous transluminal coronary angioplasty and cardiac pacing.

Percutaneous Transluminal Coronary Angioplasty

Percutaneous transluminal coronary angioplasty (PTCA) was introduced in 1977, and during the last 10 years has become established as an important therapeutic alternative for many patients with coronary artery disease. During PTCA a fine balloon tipped dilatation catheter is advanced into a coronary artery until the catheter tip is positioned across the selected coronary stenosis. The balloon is then inflated to dilate the narrowed arterial segment, which in successful cases improves coronary blood flow, alleviates myocardial ischaemia and relieves angina.

Under the direction of Dr. Edgar Sowton, data on all patients treated by PTCA at Guy's Hospital have been recorded on a computer database. The total number of PTCA patients treated in the cardiac department now exceeds 700, and the early results in the first 400 patients have recently been reported. In patients with single vessel coronary disease the results are particularly encouraging with a low complication rate and a high chance of complete symptomatic relief. With increasing experience the procedure has also been successfully employed in patients with complex coronary lesions in more than one vessel, including patients with totally occluded coronary arteries (see Fig. 1). The major long-term problem with PTCA is restenosis of the dilated arterial segment. Restenosis occurs in approximately 20–30% of cases within six months of the procedure, but can invariably be treated with repeat PTCA.

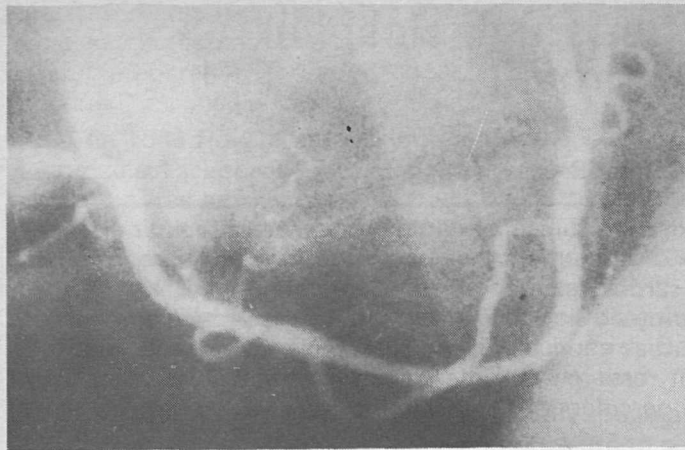
The success of PTCA in treating patients with coronary artery disease has resulted in a therapeutic dilemma. Many patients who are currently treated by coronary artery bypass grafting (CABG) are also suitable for PTCA, which is a cheaper and less invasive procedure. Controlled clinical trials are urgently required and at Guy's we have conducted a pilot study in which patients were randomised between CABG and PTCA. Plans for a large, multicentre trial, which is based on the pilot study and will be coordinated at Guy's, are now well advanced with recruitment starting this summer.



(a)



(b)



(c)

Fig. 1. (a) The right coronary artery has been injected with contrast and a complete arterial occlusion has been demonstrated. (b) The angioplasty catheter has been introduced into the right coronary artery and the inflated balloon is positioned at the site of the arterial occlusion. (c) The final arteriogram demonstrates that the right coronary artery has been successfully re-opened.

Laser Angioplasty

In some patients PTCA fails because it is impossible to advance the angioplasty catheter across the coronary stenosis. In the future this problem may be overcome by the use of laser energy to augment or even replace the standard balloon dilatation technique, although at present laser angioplasty is associated with a risk of arterial perforation. A laser energy source has recently been installed in the Guy's catheter laboratory and, under the direction of Dr. Paul Curry, laser angioplasty has been performed in peripheral arteries. It is hoped that developments in laser technology will soon permit the safe use of laser energy in the coronary circulation.

Studies of Acute Myocardial Ischaemia

PTCA provides a good model of acute coronary occlusion in man, and members of the department have studied the evolution of acute ischaemia during balloon inflation using electrocardiography and cross-sectional echocardiography. Regional left ventricular wall motion abnormalities develop within a mean of 15 sec of arterial occlusion, but electrocardiographic evidence of ischaemia takes slightly longer to appear. In a separate study, these manifestations of myocardial ischaemia were prevented or delayed by infusion of arterial blood through the angioplasty catheter into the distal coronary artery during balloon inflation.

Recently we have also assessed contrast perfusion echocardiography during coronary arteriography and PTCA. Studies of this new technique have demonstrated that intra-coronary injection of hand-agitated radiological contrast medium during cross-sectional echocardiography enhances myocardium perfused by the injected vessel. We have used this imaging technique during PTCA to define the region of myocardial dyskinesia which occurs during balloon inflation.

Ballon Valvuloplasty

Although the incidence of rheumatic heart disease has declined, valvular disease remains an important clinical problem. Advances in surgical techniques and prosthesis design have made surgical replacement of mitral and aortic valves a relatively safe and effective procedure. Nevertheless, the concept of treating valvular stenosis without subjecting the patient to the risks of cardiopulmonary bypass and median sternotomy is attractive. Paediatric cardiologists initially developed the technique of balloon valvuloplasty during which a large diameter balloon is used to dilate a stenotic valve. This method is now being applied to adults who refuse or are unsuitable for cardiac surgery, and at Guy's we have performed several aortic valvuloplasties with mixed results. In some patients splitting of commissural adhesions may cause a significant reduction in transvalvular gradient, with a corresponding increase in cardiac output. In other patients heavily calcified valves may only be transiently stretched, with no lasting effect on the valve orifice and uncertain long-term benefit. Furthermore the balloon catheters are necessarily large in diameter and the procedure carries a risk of arterial damage. It is hoped that advances in catheter design and patient selection may improve the results in the future.

Electrophysiology and Cardiac Pacemakers

Since the development of a fully implantable pacemaker for the treatment of complete heart block, pacemaker technology has advanced rapidly. Recent trends include the development of rate-responsive pacemakers for bradycardia. These devices sense a parameter which changes with exercise and then attempt to increase the pacing rate appropriately. The department is currently assessing a pacemaker which increases the pacing rate in response to sensed increases in body activity.

Tachyarrhythmias can also be treated by implantable devices and several anti-tachycardia pacemakers have been inserted in patients with supraventricular tachycardias. Patients with recurrent ventricular tachycardia or ventricular fibrillation have also been treated with implantable anti-tachycardia devices and implantable defibrillators. Within the next few years a combined implantable cardioverter-defibrillator will probably become available.

Tachycardias only occur in patients with an electrophysiological substrate which can support the abnormal cardiac rhythm. Recently a technique has been developed in which electrical energy delivered to the endocardium can permanently disrupt the electrophysiological substrate thus preventing future episodes of the arrhythmia. At Guy's, Dr. Phyllis Holt has developed a method which has successfully treated patients with uncontrolled atrial fibrillation, dual atrio-ventricular nodal pathways and accessory pathway-mediated tachycardias. Interest has focused particularly on the development of a system which can achieve successful endocardial ablation with low energies, and therefore low complication rates.

Thrombolysis

There is now little doubt that in the majority of instances myocardial infarction results from thrombotic occlusion of a major coronary artery. Furthermore, intravenous administration of a thrombolytic agent during the early hours of myocardial infarction may recanalise the occluded coronary artery and limit the size of the infarct. Most studies have used intravenous streptokinase but this agent causes a bleeding tendency. In the hope of reducing the risk of haemorrhage during thrombolytic therapy several thrombus-specific agents have been developed, and Dr. Adam Timmis has conducted an arteriographic, placebo-controlled study of intravenous APSAC (Anysolated Plasminogen Streptokinase Activator Complex). This investigation confirmed that APSAC is an effective thrombolytic agent, and also demonstrated that many patients already have patent infarct-related coronary arteries within a few hours of the onset of myocardial infarction. Furthermore, patients with early recanalisation (spontaneous or following thrombolytic therapy) have an earlier peak in the cardiac enzyme profile and an earlier resolution of ST segment elevation.



Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

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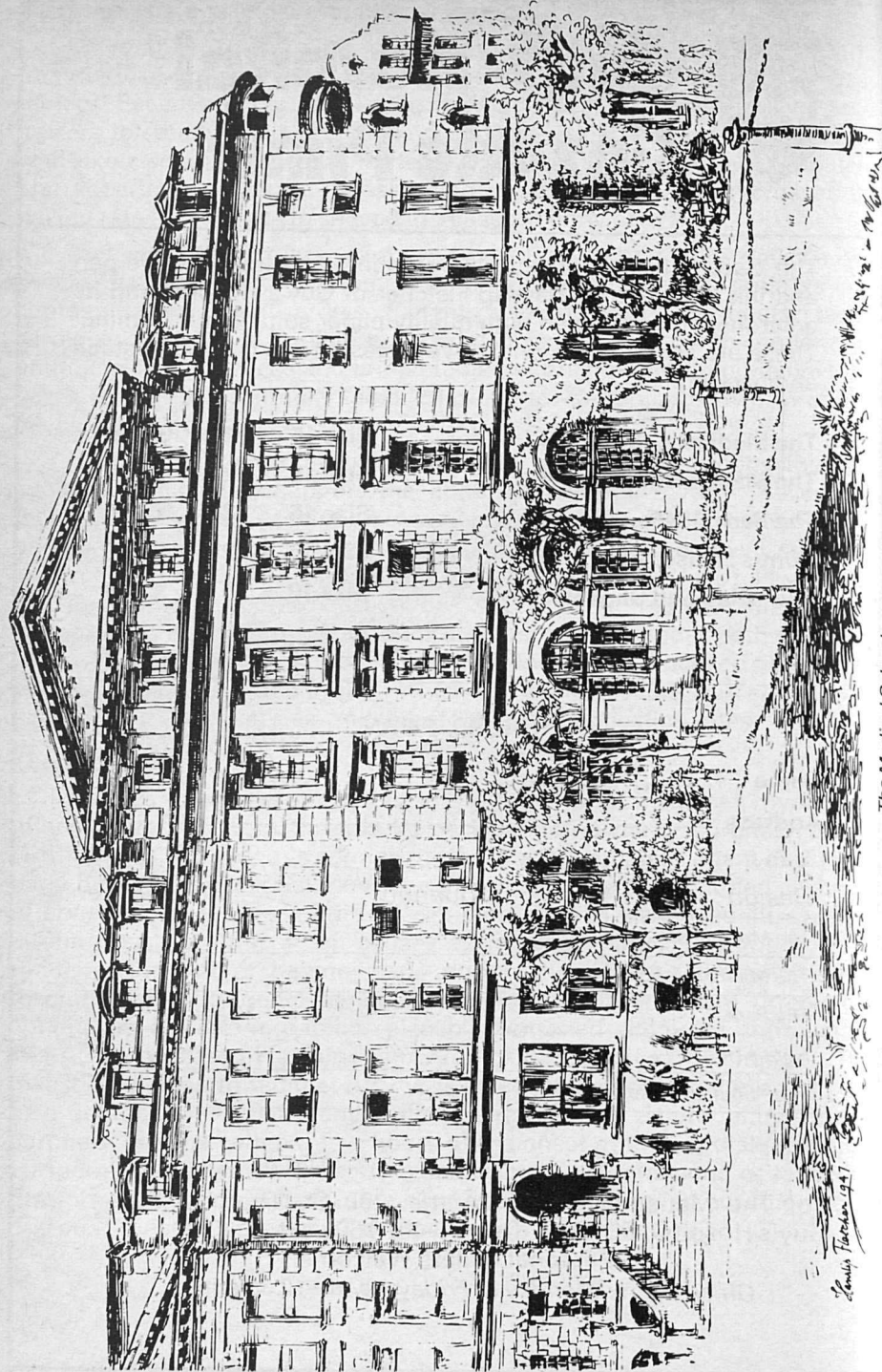
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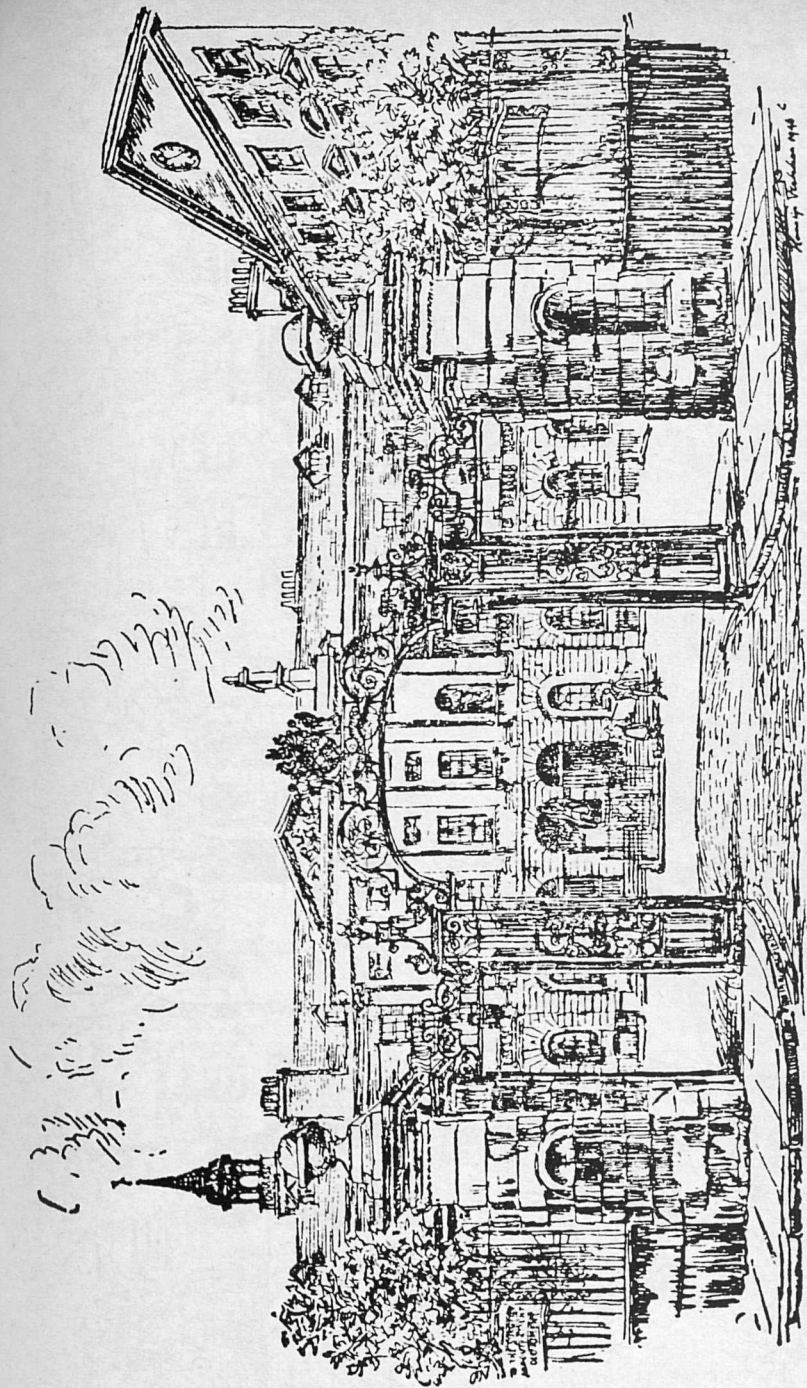
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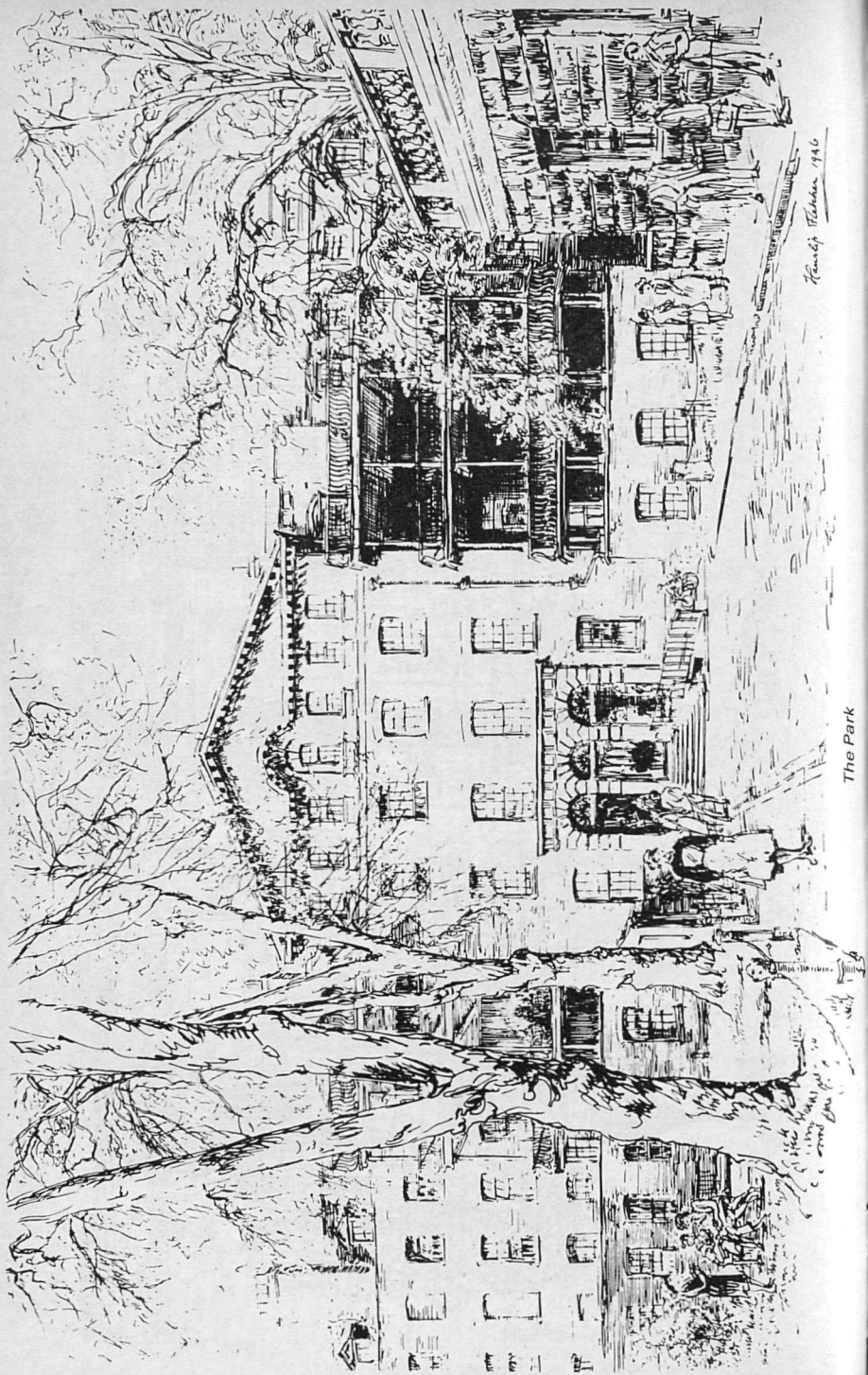
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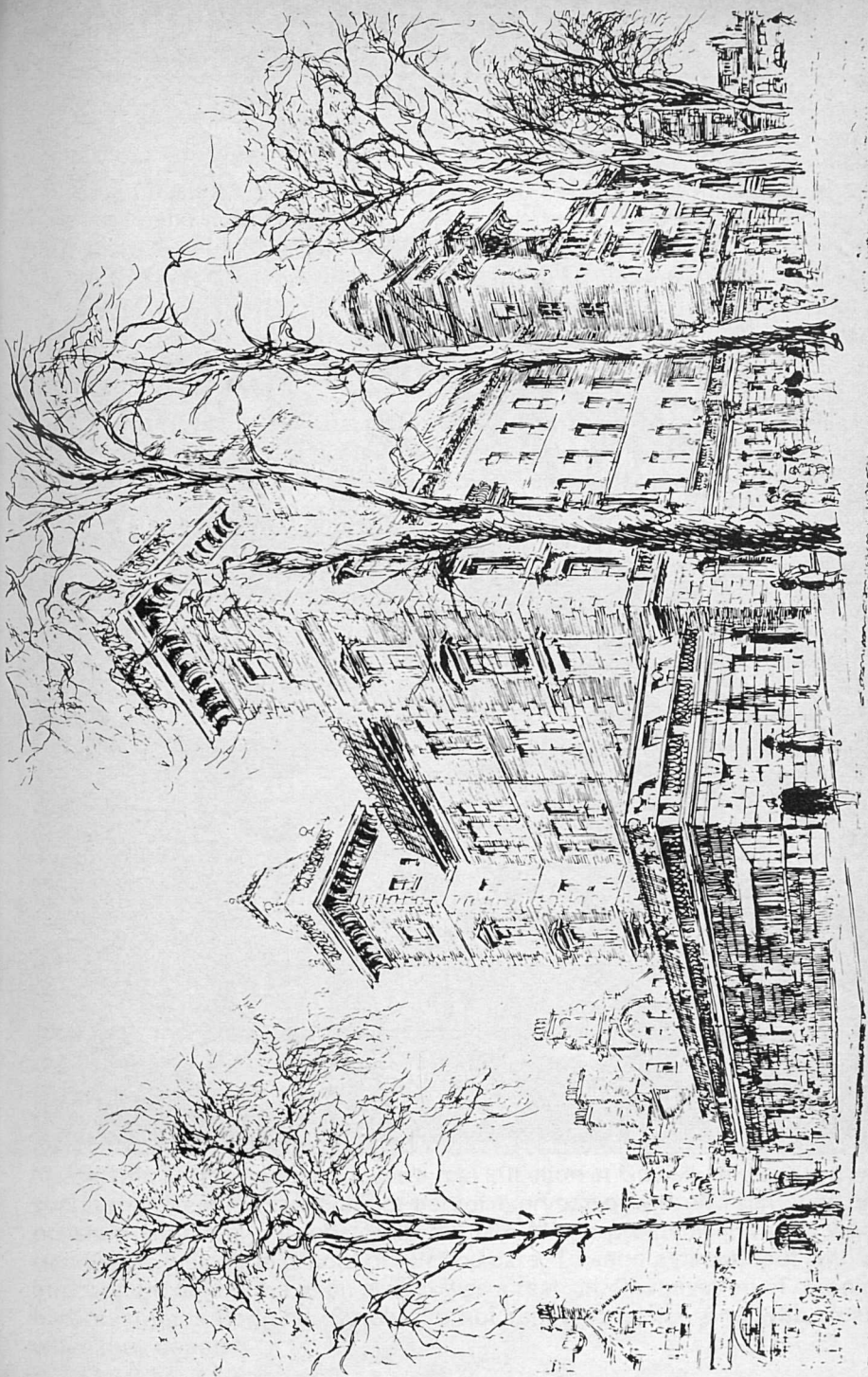
The Medical School



Guy's Hospital Main Entrance



The Park



Hunt's House



The "Ship and Shovel"

Looking at Guy's with "Old" Eyes

by Eluned Hurn, S.R.N.

A severe attack of future shock hit me as I ascended in the lift the last few floors to the 29th and the Robens Suite of Guy's Tower where our nurses' reunion was to take place. Our 1947–52 set were bidden to the feast.

It had been a long absence – at least 20 years – since I saw Guy's, and so imagine the sight of old friends and colleagues in white and grey "wigs", their faces eventually recognisable, conversations crescendoing around the tea cups as we rediscovered faces and names of a lifetime ago.

Another shock lay in wait as the new Dean of the amalgamated, unrecognisable assortment of Thomas's and Guy's gave us a talk on how it is now and how it will be after Phase III. A sense of powerlessness, parting with something precious – a part of oneself – crept in as he described the demolition of Hunt's House to make way for cars – not a fair exchange somehow. By the end of his talk, a feeling of anxiety was spreading around the room and expressed itself over teacups, as nurses still at work at Guy's described the way it is for them, competing for what there is, cutbacks and difficulties and tension over funding. Somehow the early optimism of the N.H.S. in the days when we could see the lit-up skyline over the Festival of Britain in 1951 was not now evident.

In 1947, a Guy's battered by the war years was a wonderfully human place, full of unexpected nooks and crannies and friendly people, from the welcoming porter at the gate, with *Dare Quam Accipere* woven into the ironwork of the gate and the work of the hospital, expressing the love that is Guy's in action, to the maintenance men and caretakers trundling trolleys of food, laundry and people being portered along the multitude of passages that was Guy's. The low profile of Sarah Swift ward, now rebuilt after its war damage, seemed to let more sunshine into the entrance court in those days. The chapel where we volunteered our services on occasion to shine the brass and where the blue and gold and flowers the colours of Guy's will always remain with me, even though they are now changed to silver and blue – like our heads!

The Park – what a warm and wonderful space it was for one who came from the mountains of Wales – was alive with young people as they passed to and fro from the Nurses' Home and Medical School. Looking out of the Nurses' Home windows on the foggy, smoggy days of winter in London before the Clean Air Act, one could see the dark shape of Hunt's House lit up like a liner, or it might be decorated with beds on balconies on the long hot days of summer as patients looked out over the treetops and enjoyed the "fresh" air. Grime and smog was a real affliction at Guy's in those days and continuous cleaning was a major part of everyone's work. We scrubbed and polished constantly in what was the last of the pre-penicillin age, when cleanliness was a major tool of nursing care. To send a patient out with an infection he did not have on arrival was a real sin. Privatisation of cleaning had our minds boggled. Surely it's not really possible? And who cleans when they depart?

Antibiotics arrived and seemed like magic to our astonished eyes, but more was to come. When the first heart operation took place, just about everyone in the hospital was passing on a blow by blow account of its progress in the theatre where Mr. Russell Brock was making history – the dramatic change in the patient from blue to pink and the intense observation with few technological aids to distract. Fingers on pulse and quarter-hour observations of skin, eyes, breathing, everything that gave a clue to the condition of the patient. Now the nurses complain they have to look at the machines so much, they don't "see" the patient.

We left Guy's somewhat sadly looking up at Hunt's House and saw ladders and men repairing things. Strange? Was it not to be demolished soon? Then there was the horrible thought as we came through the swirling wind tunnel outside Guy's Tower, that without Hunt's House, the Park will be exposed to the down draughts circulating around the tower blocks and there will be no sheltered space for chatting and sitting in the sun, just a windy passage for rushing from one place to another, from the old Guy's which was so outward looking to the new Guy's which doesn't even have windows to look out of.

A week later I *had to return to Guy's to find out more about Phase III*. Hunt's House worried me. It looks so solid, a part of London's heritage of squares built so well and now coming into their own as civilised parts of the city.

I was received very kindly and shown the plans of Phase III and the reasons for demolition – the economic factors etc. But somehow there is something missing in all the estimates and it is to do with what is happening outside Guy's. Many good things are happening in the fields of holistic or complementary medicine, but where in Phase III is the space for the study and assessment of those arts of healing now coming to the forefront along with the technological wizardry of heart, lung and kidney transplants? Surely the hi-tech tower blocks need balancing by spaces dedicated to the pursuit of "quiet" healing, where student doctors and nurses can discover what they can do with the healing in their hands, the forgotten talents, studying what you could call survival medicine, knowing the usefulness of herbs for healing. Surely the amazing variety of healing should be included in any plans for the future of a hospital with such a wonderful reputation for friendly healing as Guy's. The first Guy's was funded by pennies from many people. Perhaps it is time to go back in time and privatise Hunt's House with lots of people buying shares in its development as a centre for the assessment of those healing arts that take time – at least 20 years is needed to compare results.

The Soil Association at Haughley has three experimental gardens where organic and inorganic practices have been going on for many years. Good practice has been proven and long-term effects established. Is this the way forward? It is not too late to change what can be changed.

Another Friday Night

by Jonathan Coe

Dante saw Hell as a pattern of concentric circles, each more awful than the last; more recently, Flann O'Brien, in *The Third Policeman*, imagined it as a nightmare of endlessly recurring absurdities. Neither of these writers, I reckon, had ever been to a Guy's Hospital Friday night hop, let alone a toga party, which is what this week's turned out to be.

Having been invited by the *Gazette* to attend this event and report on it from an outsider's viewpoint, I was hoping to come away with some stories of truly gross and offensive behaviour. After all, Guy's has never let me down in this respect before. I remember the last time I came to one of these things, the whole floor swimming with sweat and spilt beer, drunken would-be doctors unable to stand up straight, toppling over and crashing into chairs, with me trying to have a coherent conversation about – George Eliot, I think it was – with a serious-minded friend. Just as he was about to make what promised to be a rather interesting point about *The Mill on the Floss* a passing dentist leant over and threw up all over him. It somehow seemed more like a statement than an accident.

Nothing like this happened on Friday. Hardly anybody wore a toga, and there appeared to be very little sex going on. There was the usual sort of thing, a few men ramming their hands up women's skirts, with that exquisite attention to human sensitivity which is so characteristic of medical students, and which bodes so well for the nature of the doctor-patient relationships which they will eventually find themselves engaged in. Just as I was leaving, I saw someone trying to drag his girl friend into the men's toilets – a novel form of seduction, I had to concede, although it didn't seem to be paying off in this instance, since she was not to be persuaded. Finally they just had to throw privacy to the winds and get down to business in the middle of the crowd: by now everyone was sweating copiously and the music was getting louder and louder. It seemed like an odd way to unwind at the end of a hard week, but then I suppose I was forgetting that medics are, necessarily, a strong-stomached bunch. After spending an afternoon with your hand up somebody's rectum, even a Boland House hop must seem like light relief. (I'm still not sure which I'd choose, mind you.)

I asked one of the women what she enjoyed about these evenings. She said she liked the fact that it was dark and loud: dark, because she could remain anonymous (I wasn't sure what conclusion to draw from that) and loud, simply because "she liked the music". They were playing endless indistinguishable middle-class dance records. The only thing that really got the dancers going all night was when the DJ put on The Beastie Boys' "No Sleep Till Brooklyn". That went down a storm; white macho yuppie funk is obviously very big with these people. Interestingly, too, when this record came on, many of the couples split up and the men started dancing with each other. There was a sudden sense of nervy solidarity, the blokes were

cheering and grinning, punching the air with their fists and occasionally letting fly what looked suspiciously like Nazi salutes. Oh well, it's nice to see young people having a good time, isn't it?

Just before I went, they put on Chuck Brown and the Soul Searchers: "WE NEED MONEY!" he was singing, "GOT TO HAVE SOME MONEY NOW!" The people on the door were pretty drunk by this stage – one of them had a glass full of beer in one hand and a glass full of pound coins in the other, and he kept trying to drink out of the wrong one. A revealing slip, possibly. Where there was conversation, it was about exams and firms and practicals; and this seemed to fit in with the evening's rather muted atmosphere. The whole event seemed *serious* all of a sudden. You realise that it's all part of a process or routine, now – even going to a Friday night hop, getting drunk, behaving horribly, is the *done thing* at this place: it's a career move like any other. Yes, Chuck, even on the dance floor, "we're talkin' 'bout MONEY MONEY MONEY": you never sang a truer word.

Jonathan Coe's first novel, The Accidental Woman, is published by Duckworth, price £9.95.

The Mole Report

A rain-soaked Park witnessed the emergence of Mole, silent for so long but ever watchful! Times had been difficult after his last report but he had managed to survive a Mole-hunt, to avoid the Bugs in the Park and to take cover from the Special Branch in every Plane tree. He noted a gradual improvement in several matters. The Park looked generally much neater and tidier with its nice smart green waste-disposal buckets. He was also pleased to see the redecoration inside Hunt's House. It now stood a chance of being quite respectable. He wondered whether these actions resulted from the pointed comments from Mole and his young friend Ratty. If so, then he felt that some further observations were in order. For *glasnost* to succeed he proposed the following conditions:

1. **Take Down the Wall.** Remove the hideous disintegrating wire netting fence along St. Thomas' Street which makes the place look like a deserted concentration camp. An attractive alternative is required.
2. **Clear the Concourse.** The unnecessary rubbish cluttering up the concourse on every floor of Hunt's House needs to be removed and replaced by comfortable seats for relatives.

3. **Remove the Bikes.** At the moment the hospital grounds are littered with bicycles chained to every available pillar, post and railing like a lot of beserk Mrs. Pankhursts, and proper facilities and a parking area are required for bicycles.
4. **Rid Us** of the broken seats in the Park, of the inappropriate notice boards on the ground floor of New Guy's House (what must patients think of all those dotted notice?) and, of the dilapidated and disintegrating Trade Union Office.
5. **Freedom for Little Moles** who once learnt to become big doctors by pretending to be little ones. They now spend their time rushing from one revision class to another and being taught at, and brainwashed, by too many people. The little chaps need more time to do their own thing and to play their sporting games and to enjoy other activities.

Mole's new friends in City Court are raising the tone of the local surroundings and there was every hope that they will exert pressures in the right places to improve our environment. For the first time for a long time Mole felt hopeful about the future, and optimistic that the old Alma Mater would not end up as a plaque –

"THIS WAS ONCE THE SITE
OF
GUY'S HOSPITAL"

Guy's Music Club Concert in Southwark Cathedral

by our Music Correspondent

On 29th May an audience of about 200 were treated to a performance of two of Mozart's later works performed by Guy's Music Club. The orchestra performed Mozart's Symphony No. 41 (the Jupiter), which is considered one of the last symphonies written in the classical tradition. The orchestra in general coped well with the task of performing it. Of course, one of the biggest problems in assembling an amateur orchestra is that the representation of the instruments reflects availability rather than choice. Thus, perhaps we can see a reflection of the aspirations of the parents of current Guy's people? There was no shortage of violins, but unfortunately few grew up into double bassists. However, for whatever reason, the small numbers of some instruments left no opportunity to hide behind the massed ranks of one's colleagues, and if I had to put my finger on one fault, then some of the brass suffered from such exposure.

What about the symphony? I'm afraid that I did miss some of it because of the entry of rather a lot of latecomers. Notable among them was what seemed like half the choir. They must have been having a late rehearsal in the Old Thameside. What I did hear was all right.

After the interval, the audience were treated to Mozart's Requiem. The story goes that it was commissioned anonymously by someone who wanted to pass it off as his own composition. Whatever the real story, the truth is that he died before it was complete and Sussmayr was left to finish it off. The Requiem starts with a short orchestral introduction, the Introitus. The orchestra were slightly hesitant, as if they were nervously feeling their way through it. With the help of the choir, however, they became much more confident. The composition of the choir is determined no doubt largely by those volunteering themselves to sing. They could have done with a bit more in the deep registers. Come on men, there are loads of young ladies crying out for you.

The soloists occasionally had some problems harmonising with each other, but were generally competent. Notable amongst them was Charles Peebles, whose bass voice was strikingly good.

In full ensemble, there were times when the choir, soloists and orchestra produced that magical effect when the whole Cathedral resonated and was filled with ethereal uplifting harmonies. We are lucky to have Southwark Cathedral so close to us. Acoustically and visually it is the perfect setting for live music.

Dental Notes

1986 was the 150th anniversary of the University of London. Somewhat belatedly the University, in conjunction with Channel 4, is instituting a film about the various colleges. Students on Floor 25 may have been surprised to see that the small clinic was set up like a film studio on Tuesday, 2 June. Several students who had expected to have a quiet session operating on patients in the main clinic were surprised to find themselves re-located in the small clinic, and under the glare of arc lights. One or two members of staff were also surprised to find themselves the centre of some attention. Guy's Dental Hospital (UMDS) was selected as representing dental students and dental teaching in the University.

Some may be surprised to learn that medical, dental and veterinary students make up some 30% of the University of London's students. Thus they were keen to have a large medical and dental representation in the feature on colleges in the University. It was felt that a teaching clinic might best represent the teaching of dentistry along with some discussion of the research output of the school. Miss King and Dr. Smith were deemed to be photogenic (and available), and were featured in the dental staff/student scene. Filming took place over some two hours, though the final episode to be shown in October will feature less than a minute. The session ended with Dr. Challacombe giving a small talk on the development of a vaccine against dental caries. Guy's staff have been at the forefront of this aspect of research worldwide.

It is increasingly important for UMDS and other Schools to keep a high profile. My thanks to all staff and students who so readily consented on this occasion to allow disruption of their normal schedule to take part.

It is with sadness that I record the deaths of two dentally qualified staff with Guy's connections. Many students who have qualified in recent years will have known and admired John Knox, who was on the staff at Guy's for several years in the Oral Surgery department until he obtained a Consultant post at Greenwich. I had the privilege of knowing John very well during this time and, along with many other members of staff, enjoyed his company and contributions to the school. What a tragedy it is that sudden and devastating ill health should strike at one so young at the very zenith of his career.

Nick Pinckney qualified at Guy's in December 1968. He had been pursuing a career in Oral Surgery in the RAF, and had achieved the rank of Wing Commander. As with John, he was struck down by sudden ill health a year or so ago, and has borne his terminal illness with great fortitude. Not all students reach great academic or sporting peaks whilst they are students at Guy's, but Nick Pinckney made his mark in the sporting arena where he was a member of the World Record Guy's Boat Crew, rowing virtually the length of the Thames and achieved mention in the Guinness Book of Records. Nick Pinckney will be remembered by all his year, colleagues and staff at the time as being good fun, good company and a thoroughly nice person. For a family to lose the father and husband in his very early forties is an enormous tragedy, and to both families we extend our sympathies and condolences.

S. J. Challacombe

Walking behind Prof. Cyril Chantler on campus can be dangerous. Suddenly he may stop, stoop and pick up somebody else's litter. Without a nimble side-step from you or an agile leapfrog, the repercussion could be calamity. Cyril's lead will inspire others in the campaign to "Keep Guy's Tidy." Apart from sprucing up the Tower lobby, which is in hand, another good place to scrutinise would be the glass fronted boiler room as you enter the Tower.

Designed obviously as a showplace by the architects, they never envisaged its looking forever like a builder's tip. Opaquing the lower glaze would be preferable to the untidy panorama now on view. The Unit Executive is also promoting the philosophy "Let me do it" rather than "Do it for me." How far should we take this? There are plenty of volunteers in the Dental Hospital willing, even anxious, to put on a lick of paint in some areas – like the windows already mentioned – not to mention certain lift doors.

Recruitment

The Dental School has conducted three "Open Days" for sixth formers who may be interested in dentistry as a career. There was a disappointing response to the 700 letters sent to various schools. If you have any better ideas how to tackle arranging open days next year, do let the Dean, Jack Rowe, know about them. Qualified dental surgery assistants are also disappearing from the London scene, like general nurses. Fortunately we are not having to compete yet with the head hunters from America. If we did, members of staff may well have to choose between working without chairside assistance or not treating patients. Unlike our medical colleagues, a dentist is totally lost without his extra pair of hands. Hence the term "four handed dentistry." This is not to be confused with a new type of practice, apparently called "forehanded" as invented by our Personnel Department. This is being currently advertised in Dental Practice. Whatever type of dentistry it means must be preferable to "backhanded."

Congratulations

To David Tewson who has been awarded the Newland Pedley Travelling Scholarship for 1987. He will be spending time in Toronto with Professor Woodside at the Charles Tweed International Foundation for Orthodontic Research.

Thanks

To the Works Department for getting the lift floors covered.

To the Charity Commissioners for agreeing that the Prizes formerly awarded at the Royal Dental Hospital School of Dental Surgery may be awarded to dental students at UMDS.

No Thanks

To District's offer of £5,000 worth of free condoms instead of rubber gloves to treat patients in the Dental Hospital.

Michael Maberley

Physiotherapy

Despite all the obstacles to practising one's profession abroad, there is an encouraging increase in the mobility of physiotherapists, and a willingness to go through the rigmarole of obtaining state-registration, work-permit, entry-visa and other bureaucratic put-offs, in order to see the world and sample the flavour of other peoples' therapeutic approaches. What is perhaps less encouraging is the requirement that the School will dig into its records, devise certificates, calculate hours per subject, recall examination results and verify the applicants' claims. As chance has it, this week has seen two of ours and one of theirs wanting to make a move.

Of the two of ours, one was relatively easy in that she is already in the USA and wants merely to move States. "Merely" perhaps is inappropriate, because she has to re-register and needs a form filled in by the School again for the new State authority. Hopefully, the two States are as non-reciprocating in relation to records as they are to registration, because some of the answers in response to how many hours spent on this and how many on that are separately calculated – all right, guessed – and may show one or two discrepancies.

The second of ours was more difficult. She had qualified as a physiotherapist in the early 1960's in Bristol, and the present School and all its staff are very different from those with whom she trained, so beyond having records of the dates of her attendance, little other information is retrievable. At Guy's, she had been a student-teacher, and qualified as a teacher fourteen years ago, having followed a course which has long since been replaced. So, a few telephone calls, a racking of the memory, and, one hopes, a reprint of an old course-programme will be necessary to produce the required information.

At least, this time it is all in English, and does not require cooperation from an Embassy and the signature and seal of a Notary Public, such as happened a year or so ago.

The one of theirs was attending a two year course in London, and, not unreasonably, wanted to do some part-time work to help pay her way. She has six years post-graduate experience and would seem to be a highly desirable person in that newcomers to London with that sort of experience are becoming increasingly rare – not because of shortage of vacancies but because of the enormous cost of living in the capital by comparison with the provinces. However, the latest of the series of changes in the state-registration procedure made it necessary for her to be interviewed.

Since the passage of the Professions Supplementary to Medicine Act, broadly speaking, reciprocal recognition was available to the old-established overseas schools, and an interview examination similar to the practical section of the British qualifying exam of the time was offered to those of less ancient lineage. This though has been challenged, particularly in the light of freedom of movement of EEC nationals, and now unless an individual's training and/or experience fail to meet a set of criteria laid down by the C.P.S.M., registration is fairly easily accomplished. Where there is a discrepancy, as here, an interview by two experienced therapists, one of whom is a teacher, is offered in order to enlarge upon, or clarify the written application. Happily, for this applicant this was easily achieved, and we will have to hope that our two will be similarly successful.

Ronald Cooper

Nursing

Protecting Ourselves

"Protecting Nurses" was recently the subject of an editorial in the *Daily Telegraph*. When such an esteemed organ of established conservative opinion thinks the subject of nurses' protection worthy of an airing, the rest of us shudder in fear lest the holocaust awaits us round the corner. Our profession is no newcomer to violence as some may believe. What is new is the scale of this violence, and the lack of protection afforded as a direct result of Health Department policies.

The annual conferences of all those organisations, who claim nurses amongst their members, have regularly passed motions urging the Government, Police and Health Authorities to pay greater attention to the problem of violence experienced by nurses and other health professionals. Various causes are cited – unemployment, increased abuse of alcohol and other drugs, alienation from the host community are among the most common.

This all takes place against a background of rising personal violence, often against children or old people, communal violence such as football hooliganism and world violence, where national warfare is the common staple of many newspaper features.

As most nurses are female, rape often figures prominently as the type of attack they suffer; many Nurses' Homes have been closed completely or possess drastically reduced accommodation. The names of Bramham Gardens and Hilton House no longer mean anything to a junior nurse; coaches taking weary nurses after a night on duty no longer leave the colonnade after dawn, to return with more rested souls after sundown.

Hence, most nurses are forced to 'live out'. The very nature of nursing, which cannot operate on a 9-5 basis, even though some of those responsible for nursing in the NHS may attempt it, means that nurses are liable to travel outside the main rush hours. While this may be more comfortable in certain respects, nevertheless the absence of large numbers of fellow travellers renders the lonely nurse howeward bound, late at night, a target for those who prey on them.

A popular venue for a dormitory, where Guy's Nurses often reside, is around the environs of Honor Oak Park; maybe it is popular because our own sports field is in the vicinity and will be thus well known to those who follow – or play, perhaps – rugby? But the dark streets are not effervescent with welcome; despite the cheery efforts of Fred, Stan and Tony at the station – they cannot actually see you safely home!

What can be done about all this? Well, as the *Daily Telegraph* suggested, hospital nurses are as valuable as large quantities of money *en route* to the bank, and should be offered similar security. Also, if Health Authorities were of the right mind, and pecuniary facility were provided, then more staff would be able to reside in suitable accommodation and avoid hazardous involuntary nocturnal journeys.

Denis Cobell



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Correspondence

Arthur James McNair

Dear Sirs,

I read with interest your tribute to Arthur James McNair. Although he was a most skilful obstetrician, he was always modest and usually silent. There is more to the story of his delivery of the Sheikh's wife during his army service in the Middle East. She had been in labour for many days and all attempts to deliver the baby, who had died, had failed. McNair was puzzled at first by what he felt on internal examination. When he realised it was the baby's glenoid fossa, he demanded to know where was the arm. This was eventually produced and confirmed his diagnosis of shoulder presentation. A quick internal version was followed

by the delivery of a macerated fetus, and the woman's life was saved – hence the garlands of flowers as he emerged from the palace to make his way back to camp.

McNair reached the retiring age of 60 in April 1947 while the terms and conditions of service in the forthcoming National Health Service were being discussed. A retiring age for consultants of 65 was proposed and for this reason, and because he was regarded so highly, he was kept on for a further four years following the introduction of the Health Service in April 1948.

Yours faithfully,
T. L. T. LEWIS,
13 Copse Hill,
London SW20 0NB

Book Reviews

Pharmacology. H. P. Rang and M. M. Doyle. 736pp. £19.95. Soft Cover. Churchill Livingstone.

It was a delight to browse through this book. Its particular strength is the freshness and clarity with which mechanisms of drug action are described. As it is mainly intended for preclinical medical students, it is not surprising that some of the clinical comments are sometimes less than scintillating (for example, 'cardiac glycosides are still the most useful drugs for the treatment of heart failure'), but even here there is much interesting information such as the use of cannabinoids, steroids and tricyclic anti-depressants in the prevention of vomiting induced by cytotoxic agents.

The chapters on the cholinergic and adrenergic systems should be of particular help to elderly teachers of the subject whose tutorials are in danger of becoming ossified in these areas.

As well as core pharmacological areas (such as the respiratory system) there is also excellent treatment of fringe areas such as blood clotting and the reproductive system.

The most useful sections for me were those dealing with drugs acting on the central nervous system. The chapter on analgesic drugs is particularly illuminating in that the neural mechanisms and pathways involved in pain sensation, the opioid receptor classification and the cellular actions of the opioids are all related to the pharmacological properties of the opioids.

The book is attractively produced and useful references are put at the end of each chapter. I think it should become a success with the more thoughtful student. The price is reasonable.

R. G. SPECTOR
Professor of Pharmacology



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BLUES AWARDS

At the Blues Committee meeting held on 26th May 1987 the following awards were made:

Association Football Club

Full Blue – Nicholas Tucker

Half Blue – Paul Elphick, Andrew Mead, Bill Schaeffer

Athletics Club

Full Blue – Nigel Monaghan

Boat Club

Full Blue – Stephen Andrews, Salim Khakoo, Tony Rose

Half Blue – Paul Barnes, Simon Huins, John Knighton, Jonathan Pollard

Cricket Club

Half Blue – Simon Crowther, Richard Vowles

Ladies' Hockey Club

Full Blue – Cressida Barry, Caroline Holden

Half Blue – Susan Hamilton, Caroline Killick, Vanessa Skelton

Men's Hockey Club

Half Blue – Stuart Millar, Waseem Noordin

Rugby Football Club

Full Blue – Charles Beardmore

Half Blue – Edson Cheah, Neal Davies, Patrick Davis, Peter Dooley, Paul Scanlon, Adrian Watts, Craig Welsby

Ski Club

Half Blue – Charles Balcombe, Nick Jones, Earl Read-Ward

M.C.E. Hutchinson
Hon. Sec. Blues Committee

GOLF CLUB

The MacDonald Cup

The annual Dental golf day took place at Addington Golf Club on Friday, 22nd May, and there was a good turnout of thirteen members of staff supported by seven students. In addition Mr. MacDonald came up

from his home in Hampshire to have lunch with us and to see us start the afternoon round, and this was very much appreciated by all his friends.

The main event was won by Mr. Cardwell with the fine score of 38 points produced in the morning, which won him the MacDonald Cup for the first time; needless to say his handicap will be reduced!!

Another good round by Mr. A. D. Robinson won him his own cup which he had presented only last year; whilst Jonathan Pollard easily won the students' first prize.

In the afternoon there were four four-somes, with the staff winning their share, including a fine half by a new golfing member of the staff, N. Fisher, supported by J. D. Haworth who managed by devious means to come back from Dormie 2 down.

Addington Golf Club are well known for their excellent catering and Friday was no exception. Everyone had a very good day and we hope that this will be repeated next year when we play at the Royal Cinque Ports Golf Club, Deal.

D.H.

ATHLETICS CLUB

United Hospitals Athletics: The Alternative Ladies Report

As per usual we left Guy's with half our original team, but with high hopes of victory. Yet again the girls showed the men how to do it by winning the Ladies Competition jointly with Tommies, but sadly we lost the overall trophy because the men decided it would be nice to let Tommies win once in a while (never mind, Nigel!).

Secret stars Helen Whelan and Kate Williams dominated the sprints – Helen was 2nd 100m and 2nd 200m, and Kate was 2nd 400m, 3rd 200m and 4th 800m. Both girls also competed in the Long Jump between running legs of the relay.

Lisa Curtis bravely volunteered to do anything – she was 4th 100m, 8th 1500m, 1st B Shot, 5th High Jump, and completed the 3000m (a feat in itself).

"Lubricate" Loughton had the notion that she was only required to run in the 400m, but was forcibly dragged from the bar to compete in the 800m (2nd), High Jump (7th) and the 4 x 100m Relay (3rd). On finding out that she could win a free holiday to Japan by running a 3000m, she demanded that K.Y.J. give up her chance to fly East, and let her run instead. Unfortunately the next set of selection trials are during Lubricate's exams, so she will be unable to further her aims of an Eastern holiday.

Phil Mitchell laid down her Lacrosse stick to throw a javelin (3rd A string) and a discus (3rd B string).

K.Y.J. won the A string discus, the B string javelin, and was 3rd A string shot in between pints. The 4 x 100m relay squad (Whelan, Williams, Lubricate, K.Y.J.) came a creditable 3rd behind fierce opposition.

Many thanks to Nessie who spent all night writing out results with three delectable young men, and for lending much audible support.

It only remains to be said that if K.Y.J. had run the 1500m we would have won the Ladies Match outright (sorry Kate!) – she'll just have to be keener next year!

K.Y.J.-Elli

BOAT CLUB REPORT

United Hospitals' Bumps 13th, 14th, 15th May

The Bumps are, without doubt, the highlight of the U.H. rowing season. The course is about 2 miles in length from Kew Gardens to Chiswick railway bridge. There are 3 divisions, each containing 25 crews; 1 Women's and 2 Men's divisions. All crews in a single division line up along the bank about 2 lengths apart (very approximately!) and are all started together at the sound of the klaxon. The object is to catch the crew in front, making physical contact in any way, thereby achieving a bump, before the crew behind catch you! Once a bump has occurred both crews involved must retire from the race. If the two crews in front retire, it is possible to achieve the magnificent 'over-bump' by catching the crew 3 in front – a rare and glorious event!

The Captain (S. J. Andrews) was determined to involve as many people in the hospital as possible and with a great deal of help from T. Rose (Vice-Captain) and C. Peebles (Social Sec.) a huge publicity campaign was instigated. The result was that seven crews (3 more than last year) were mustered: 4 boat club crews, 2 hockey club and one rugby club VIII – a record Guy's entry in the event, we believe.

The location of the new boathouse is such that it was necessary to organise alternative boating arrangements nearer the start. After some negotiations, it was agreed that we could boat from Horseferry B.C. by Kew Bridge. It was largely as a result of their generous hospitality that all 7 crews were able to participate so effectively in the event.

Ladies 1st VIII

The gallant wet suit brigade risked life and limb to help the crew to good starts in the deep water at starting position No. 10. The crew was largely unchanged from the powerful and successful Heads crew of last term. Good starts on Wednesday and Thursday saw the crew bump up both days to No. 8, but the No. 7 crew bumped up early on Friday, leaving the girls to row over easily, maintaining their position.

Ladies 2nd VIII

A similar fate was reflected by this crew, who after 2 superb bumps on Wednesday and Thursday, were forced to row over the full distance on Friday.

Ladies 3rd VIII

Due to the enormous enthusiasm among the women, it was decided that everyone who wanted to row should get to compete on at least one of the 3 days. Hence places were shuffled around in the 2nd and 3rd crews, although seemingly with no detrimental effect. Good bumps were achieved on the first 2 days, leaving it to Friday's crew to make it 3 in a row. The Ladies Hockey Club made up the entire crew on Friday, none of whom had ever sat in an VIII until 2 weeks before. Resplendent in pink T-shirts printed with the words "Absolute Beginners", they set off into the torrential hail storm towards the start. Under the dulcet tones of their cox, Charles Peebles, they paddled their way to a fine and victorious 3rd bump in a row (row being the operative word!).



The Ladies 3rd VIII

Men's 2nd Division Men's 2nd VIII

An experienced stern pair of D. Dove and E. Black helped to lead this crew to the most remarkable Bumps success ever by a Guy's crew. Starting at No. 16, a few strokes on Wednesday saw the crew bump up to No. 15. On Thursday, the VIII had a poor start with No. 7 (Ed) losing his seat, blade and almost some other apparently vital equipment, plus some impressive crabs in the bows, allowing No. 14 to bump No. 13. Once Ed had regained his composure, there was nothing to do but go for No. 12. The coveted "overbump" was achieved at Kew Bridge. On Friday, flushed with the success of the previous day, and reeling somewhat at the dizzy heights of the No. 12 starting position, the crew was again a little lethargic off the start, allowing the crew in front to bump up. "Tactical coxing" so they said afterwards. This again left the course open for the overbump, their objective a London crew at No. 9, easily recognisable with the "Thunderbirds" theme tune playing loudly through their speaker system. As the 2nd

VIII drew closer and the music got louder, the rating went up a few gears and they powered towards the music ahead. All of sudden, there was a loud thud as our bows connected with the London's stern. The music stopped abruptly! The silence was only broken by the cheers of the Guy's 2nd VIII with their 2nd overbump, to 9th position, rising a mammoth 7 places in 3 days!

Men's Hockey VIII

The Bladerunners had a successful three days achieving a bump on each outing. A full report of this extraordinary crew will follow in the next *Gazette*.

Men's Rugby VIII

An impressive looking squad on dry land – a little less so afloat – a failure to convert such enormous muscle power into coordinated rowing! Before they stepped into the VIII the previous week, they had all imagined rowing to be really quite easy – they were the first to admit how wrong they were. Starting bottom of the division, they rowed over on Wednesday, but were an oarsman

short on Thursday. The gallant Vice-President of the Club's Union, Caroline Killick, stepped in and under the excellent direction of Paul Barnes, the cox, they bumped George's IV, who seemed most displeased. The female touch? The final day saw an VIII determined not to be caught, the race was long and hard with spectacular individual performances by A. Watts (always ½ stroke behind!) and P. Davis (who discarded his seat early on and rowed 1½ miles on his behind!). Although the George's crew came within 3 feet of our rudder, the boys pulled away to row over undefeated.

Men's 1st Division Men's 1st VIII

Only one change from the successful Heads crew of last term, but the crew was hampered by the loss of the 1st VIII boat in the Veteran's Head, a few weeks previously. An excellent start on Wednesday saw our bows rapidly inserted into stroke's rigger of St. Mary's II, after only 15 strokes. On Thursday the crew was unfortunate not to overbump, so rowed over easily. Friday saw a Bart's crew convincingly bumped after 20 strokes.

To conclude, this year was the most successful Bumps event for Guy's for a long time with 7 crews participating, and not a single Guy's crew was bumped (down) in 3 days of races. 3 crews bumped up 3 days running and are thereby entitled to their own 'blades'.

The crews and a huge crowd of supporters returned to the boathouse for lots of Pimms and a very successful disco, attended by over 150 people. Celebrations included throwing the Captain into the river, and later removing his trousers (and boxers!), plus some midnight bathing by several foolhardy individuals. A special train was chartered for the return journey to Waterloo at 1.00 a.m.

The Man With No Trousers

CRICKET CLUB 2nd XI Ibx Tour 1987

Like all great sporting events at Guy's people seem to think that great sportsmen are in abundance. Sadly however this is not true. When people drop out on Friday night

makeshift replacements are sought avidly in the bar.

Thus the motley crew assembled on Saturday lunchtime in the Shore – a mixed assortment of academics, drunkards and a **cricketer!** Vince, the driver, stuck to his task despite an occasional reappearance of gastric contents and the depositing of 'catheter bags' along the route.

After a few minor mishaps we arrived in a peaceful Wiltshire village called Urchfort. The tranquility was soon to be shattered. The stage was thus set for a cricketing confrontation on par with the Ashes, but first Saturday night had to be negotiated.

The pubs welcomed us but hardly with open arms. Having acquainted ourselves with both pubs and Albert (the village idiot) we were invited to a barbeque. At this point our party was divided with Wodger leading the entertainment in the pub with his falling over behaviour. He was rescued by a granny who dragged him back in, gave him a drink and a dance. Cass, not to be outdone, grabbed Wodger's granny and forced a dance upon her. Meanwhile back at the barbeque it was left to Chief to fall over in front of Sunday's opposition and manage not to spill his beer. The locals were a little dumbfounded by these antics and became even more so with the sudden arrival of Wodger's crew at the barbeque.

The route back to our lodgings was easily followed, being lined by broken bushes and beer glasses. Even though it was only a small village many were surprised when all were present for the final drink early Sunday morning.

Breakfast, for some reason still unexplained, Wodger declined to eat. A cursory tidy up made the house a bit more presentable but also revealed a rather damp cushion – how anyone can get that excited over a cat I do not know. Would it be possible for someone to show me a method to remove odours left in a house by Spunky's flatulence.

On the stroke of midday we assembled in the Lamb and continued to entertain. A smile was seen to flicker on the lips of the landlord – no-one however had a fast enough camera to catch it. The number of cricketers was doubled with the arrival of Spike from somewhere.

At two o'clock we went up to the field of battle, with twelve players. After winning the toss and deciding to field, the captain decided to stand down and stay in the

pavilion only to be told to play with twelve by the opposition captain. We started well with a wicket in the first over from Wodger bowling from the Road End. This introduced Crouch to the arena – better known as Groucho among a few of the tourists. He actually went on to score a Nelson (111) but was not seen to smile. After some abysmal fielding especially from Jerry and a quite outstanding bowling display from Spunky, Urchfort declared at 171 for 4, with Spike having taken 2 for 58 after bowling up hill for 16 overs and Wodger with 2 for 79 from 13 overs.

After a glorious tea we had to face the prospect of batting. Our opening pair of Tom and Jerry lasted less than one over before the dismissal of Jerry. This led to the arrival of Spike who top scored with 32 including a huge six into the brambles. After the loss of Spike and Thomas, Wodger and Chief put up some resistance before the last four wickets fell for ZERO. We reached an admirable total of 78 for eleven. The performance was far better than expected at eleven o'clock on Friday night. The Urchfort boys enjoyed their win but we were not totally down after our honourable defeat.

We adjourned to the Lamb to have a post mortem over a glass or two of ale. The evening progressed and again Guy's were to entertain with some hearty singing and some strange mating calls between Steve-O and our trophy, the Ibex. The evening culminated in a contest between the people in the pub and the Guy's men. The test was a time trial over a half yard – not much I hear you say – but still some people needed three attempts before they could complete it. As we left to meet Vince there was a communal burning of Spunky's boxers to create a new version of the Ashes. The only problem about this was that the container (a pewter tankard) became molten and the pub became a Hari Krishna Temple.

We have been welcomed back but I am not sure how sincere this offer was. On our departure the village went back to sleep.

The Captain (Chief), Redman (Wodger), White (Jerry), James (Tom), John (Spike), Ward (Curly), Beardmore (Poufff), Gentle (Steve-O), Donald (Yuppie), Fewings (Spunky), Coleman (Jesu), Welsby (Cass).

P.S. If anyone found the minibus window on the M4 please return to Vince.

The Granny

The minibus (deluxe model, £50 extra) left Guy's at some unearthly hour on the Friday morning. It was a quiet journey down, due mainly to the sedate pace of Tom's driving. The first match was against St. Thomas' starting at 11.00 a.m. and I like to think that some of the silence of the journey was due to pre-match mental warm-up. The Captain said that as long as the old rivals were beaten, we could lose the next 5 games and he would still be happy. Unfortunately he had to be reminded of this statement 5 times over the next 4 days.

The match against St. Thomas' was the best of the season. Having let them get 2-0 up in the first half, we pulled back and eventually won 3-2, R. Russell in goal having saved (and given away) a flick. A marvellous performance in tropical conditions. The victory proved too much for the Captain and he went to bed at 2.00 p.m. with a migraine!

The afternoon match was against York University. We borrowed a player from the Optimists and managed a creditable draw.

That evening was spent quietly in our hotel – The Langhorne Gardens. Despite our stamina the day had been too much. The Captain decided to enforce the age old rule that anyone later for breakfast than himself would be penalized. This was a bit unfair since he had been in bed since lunchtime!

Saturday morning was spent in the fair on the sea-front. The aforementioned penalties were introduced to Deepak and Mark who had to drink a large can of Coke and were then sent on the Waltzer ride. They managed to keep it down and, after a hamburger lunch (no kebab houses in Folkestone, Stuart), we arrived at the ground to play Edinburgh University.

We were slightly worried by two things. First, one of their players had a Scottish International tracksuit. This sort of gamesmanship tends to upset us so they started with a slight advantage. Secondly, they had a centre-forward called of all things "Scotty"! This too took us by surprise and increased their advantage! However, we played good hockey and lost 3-2 on a penalty flick. Needless to say the Captain was disappointed but had to be reminded of his promise on the trip down.

Saturday evening saw us all (except the Captain) in fine form and the tradition of the



The Team: A. Baird, T. Brink, A. Gill, S. Millar, N. Calver, W. Noordin, M. Davis, J. Black, M. Cynk, J. Whitehead, R. Russell.

Grand National was maintained. The penalty for being late for breakfast the next morning was a portion of jellied eels.

Deepak and Mark duly arrived late on Sunday morning but alas no eels were found. So on to the next match against the Optimists. Again good hockey was played but we had lost our edge and we narrowly lost 2-1. The Captain had made a bad decision the night before when he agreed to play a game against our hotel-mates, East Brook Culverts. This match was played immediately after the Optimists game and we were 3-0 down at half time playing uphill. However, with the wind behind us and the slope in our favour, we held them in the second half and the score stayed the same.

Sunday evening was spent in the local of

D. Carruthers outside Canterbury. We then went into the city to find some food and, thanks to our Captain, ended up with a team kebab!

Monday morning found Deepak and Mark late again and this time we succeeded in finding the eels. They both manfully chewed their way through the aspic jelly, muscle and bones and felt in fine form for the afternoon match against Chalfont St. Peter's.

We felt in need of inspiration and found it in the form of the new hooked sticks which were sold at the festival. Two players brought one each and duly inspired us to a flattering 5-0 result (to the opposition).

The tour was a success and I am sure enjoyed by all. Thanks must go to Tom Brink for organising it with Alan Baird.

Anon.

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BIRTH

CERIO. To Rina and Soraya (née Romano), a son, Alexander, on 12th June 1987 at Guy's Hospital, London.

MARRIAGE

POWLSON-SYRAD. The wedding took place in St. Paul's Cathedral, London, on May 2nd between Dr. Mark Powlson (Guys 1976-1982), son of Mr. and Mrs. B. Powlson of Bedford, and Miss Suzanne Lesley Syrad, daughter of Major and Mrs. S. L. Syrad, of Broadstone, Dorset.

DEATH

GORDON, Dr. John. Died on 12th February 1987.

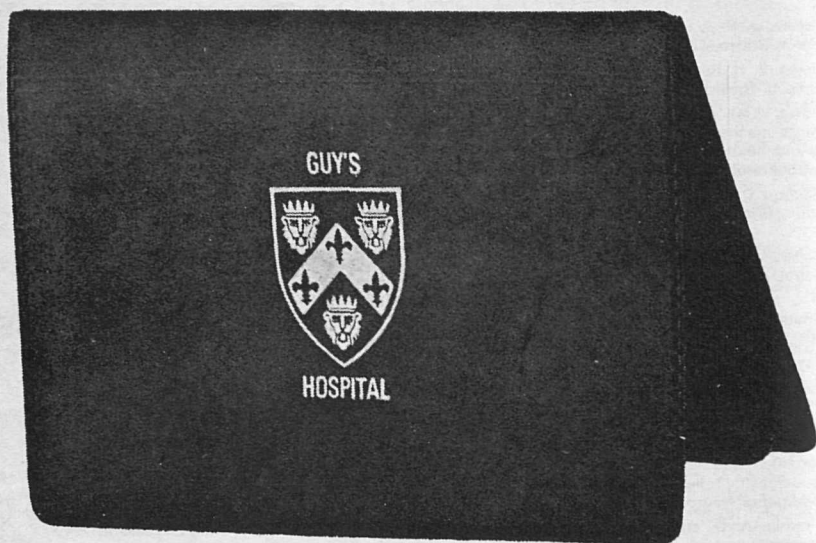
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Funds and Facilities

Summertime, and the living is easy. Well, perhaps. You'll forgive my scepticism, but I don't have much of a holiday this summer. Guy's seems almost empty now. The newly qualified (congratulations, by the way) are about to begin their first jobs. The pre-clinical students have headed off for a seemingly infinite length of time. The rest of us are left behind to face the vagaries of another English summer. Not that I want to seem bitter . . .

Still, another batch of students is due to arrive in October. A report published in April by the University of London Union highlights several problems which they are likely to face. Entitled "The future of student amenities in the Federal University", this alarming document reveals the considerable underfunding of student facilities within the University.

Compared with other universities, there is a shortfall of nearly £3.85 million spent on student facilities in London. Yet the value of the student grant has fallen by 21% since 1980, and the additional London grant of £345 is clearly inadequate. This shortfall has serious consequences, which are perhaps most keenly felt in the area of accommodation.

It is harder to get good, cheap housing in London than anywhere else in the country. A recent survey revealed that 33% of London students in private accommodation stated that it was not good enough for private study. Yet the University spends about 19% less than the national average on accommodation services. As the report says, "it is difficult to accept that the University is treating this as a serious priority."

Faced with such a gloomy prospect of finding suitable private accommodation, many new students attempt to get a place in one of the Halls of Residence. They are relatively unlikely to meet with success. There is a shortfall of over 5,500 places in halls of residence compared to the national average. Furthermore, the University has begun this year to withdraw an annual dispensation of over £350,000 which used to be available to the halls. Ultimately this will mean an extra £141 per year in rent for the already expensive places. Since Guy's does not offer accommodation to freshers, this will be a particularly damaging blow.

Still, most people eventually manage to find themselves a home, or at least a bit of floor in someone else's. What then? As far as the University is concerned, not as much as they are entitled to expect. Eight per cent less is spent on Careers Services than the national average. Eleven per cent less is spent on the Federal Student Union (i.e. ULU). Forty per cent less per head is spent on sports facilities.

What relevance does all this have to Guy's? After all, we have relatively good facilities, and in terms of student activities we largely keep ourselves to ourselves. There are, I believe, two major areas of concern. The first is, as the report points out, that the underfunding coupled with the intrinsic problems of living and studying in London is likely to undermine application rates in the future as students become aware of the greater facilities available elsewhere. But more insidiously, the underfunding of resources at a Federal level is bound to exacerbate the regrettable degree of insularity which already exists among different colleges and schools within the University.

Clubs' Union News

With the summer holidays in full swing, the mighty Clubs' Union machine lies dormant, its officers resting in far off corners of the globe planning the next Freshers' Week. I would like to remind all club captains that if they want an entry in the Freshers' magazine, they had better produce it in the next three weeks. Please leave it in the Vice-President's or President's pigeon hole.

The bar is closed until Tuesday 1st September after which it is business as usual. Some of you may be aware that the main suppliers of the bar (Allied Breweries) had pulled out of the N.U.S.-run student discount organisation (N.S.S.O.) and so we were planning to replace them. However, they run a universities' purchasing organization of their own, independent of the N.U.S. with which we can still deal, hence we are not changing beers after all – Castlemaine and John Bull are here to stay.

Freshers' Week dates are Thursday 1st October to Saturday 10th October inclusive. Further details will follow, so keep your eyes and ears open.

Nigel White
President

Cover Photo

The Church of St. Thomas (now the Chapter House) and the entrance to the old St. Thomas' Hospital. Detail from a watercolour by P. Yates, 1825.

M. R. Kalyanakit Kittiyakara

Professor M. K. Kalyanakit Kittiyakara died on 15th May aged 58 following a long debilitating illness. Brother of the Queen of Thailand, Professor Kittiyakara was great grandson of King Rama 5, Chulalongkorn.

Professor Kittiyakara studied medicine at Guy's Hospital Medical School, qualifying in 1956. He became House Surgeon to Lord Brock in 1958 and this was the turning point in his career. In common with all who worked for Russell Brock, Kittiyakara became inspired by his clinical ability and enquiring mind and decided to specialise in cardiovascular surgery, training in thoracic surgery and visiting clinics in America. He turned to Bangkok to establish the first cardiovascular surgical institute in Thailand; becoming the first Professor of Cardiovascular Surgery in Ramathibodi Medical School.

Professor Kittiyakara was intensely proud of his Guy's associations and wrote a book of reminiscences as a student and houseman at Guy's, pointing out to his readers the good and bad features, but especially the former, of the Guy's curriculum and *modus vivendi* in the early 1950s.

In 1984 he was delighted when His Majesty King Bhumipol of Thailand was elected an Honorary Fellow of the Royal College of Surgeons of England and Professor Kittiyakara was the mastermind behind the scenes in ensuring that the special ceremony of the award of the Fellowship to the King was a magnificent event for the surgeons of Thailand and the participants from the United Kingdom.

Kalya Kittiyakara was working until shortly before his death, despite being weak and in pain. One of his social engagements was to entertain old surgical friends from Britain in his house on the river in Bangkok. He is survived by his wife and two children.

R. C.

Theunis Fichardt, M.D., D.Sc., M. Med. (Rad), M.R.C.S., D.M.R.E., F.R.C.R.

Theunis Fichardt was born in Bloemfontein on 29 December 1907, and died on 5 March 1987. He was the eldest grandson of M. T. Steyn, the last President of the Republic of the Orange Free State. He was educated at the Grey College School, Bloemfontein (1919-25) and subsequently studied law for one year. During that year, he played rugby in the position of fly-half for both his university and for the state team.

In the following year, he decided to take up medicine instead of law, and proceeded to the University of the Witwatersrand, where he completed the first and second years of the medical course. During 1927 and 1928 he played rugby centre for the university and for the Transvaal. In 1928, he was chosen for the Springbok rugby trials, but an attack of pneumonia prevented his participation.

In December 1928 he proceeded to Guy's Hospital, qualifying M.R.C.S., L.R.C.P. in June 1933. From 1929 to 1933 he played rugby centre for the hospital and for Kent and Middlesex.

After two years of hospital appointments he decided to specialize in radiology, and gained experience in both radiodiagnosis and radiotherapy. After a period as Medical Officer to the Radium Beam Research Unit at the Radium Institute, London, he was appointed Registrar at the Meyerstein Institute of Radiotherapy at the Middlesex Hospital under Professor Sir Brian Windeyer. He obtained the D.M.R.E. in radiological diagnosis and therapy at Cambridge University in June 1938, and continued at the Meyerstein Institute until June 1939 when he returned to South Africa as a Specialist in radiology in Cape Town. He remained in practice in Cape Town for 13 years, during which time he was Honorary Secretary of the Medical Association of South Africa for four years.

In 1952, he was appointed Principal Radiologist at the University of Pretoria, where he obtained the degrees of Master of Medicine (radiotherapy) in 1953, Doctor of Medicine in 1955, and Doctor of Science in 1957. In 1957 he became Director of the Department of Radiotherapy at the University of Pretoria, and in 1961 was appointed Professor, this being the first chair in radiotherapy at a South African university. In the same year he was awarded F.R.C.R. *honoris causa* by the Royal College of Radiologists.

The award of a W.H.O. Fellowship in 1958 to study the medical use of atomic energy enabled him to visit institutions in Europe. He returned to South Africa to supervise the instalment of the first cobalt unit in the country. He again travelled abroad in 1970 at the request of the South African health authorities to gather information in the future of radiotherapy in the treatment of cancer. By 1972, he had reached retirement age, but was nevertheless appointed a part-time radiotherapist in his former department until 1983.

He married in 1931, and remained so for over 56 years; he had no children.

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

The New Dental Clinical Curriculum

by Professor A. H. R. Rowe (Dean of Dental Studies)

Introduction

The possibility of a new curriculum had been discussed for many years at Guy's. The merger of the Royal Dental School of Dental Surgery and Guy's Hospital Dental School gave the impetus for serious consideration of introducing such a new curriculum and also allowed the best features of both curricula to be moulded together. A Curriculum Committee was formed with representatives from both Schools and a new curriculum was planned which came into operation in September 1985. The introduction of the new curriculum was timed to coincide closely with the closure and main transfer of academic staff from the Royal Dental in December 1985. New curriculum students are now coming towards the end of the second year of the new course.

One of the principal objectives of the new curriculum was to enable students to concentrate more on whole patient care, that is for students to be able to plan and execute treatment encompassing several different clinical aspects which had previously been taught separately and in different departments. This would more closely simulate general dental practice. This necessitated changing from a block system of teaching to a longitudinal system. The new system also allows students to look after their patients throughout the clinical period. The new curriculum also reflects the changing attitudes to dental care where increasing emphasis is placed on prevention.

Planning of the New Curriculum

The revision of the curriculum was planned by obtaining a statement from each department:

- (1) outlining the current arrangements for teaching the departmental subjects on each site with an indication of possible shortcomings;
- (2) indicating the departmental objectives in terms of what the graduate needs to know and to be capable of on qualification;
- (3) the departmental view as to the ideal arrangements for teaching the departmental subject.

The views of junior clinical teachers and students were also sought. It was considered that the pre-clinical departments should not be directly involved in this major revision since no major changes were planned by the University for the 2nd B.D.S. course, but that revisions to the pre-clinical course would be considered later.

As a result of the discussions the new curriculum was evolved and a brief outline will now be given.

Timetable of the New Curriculum

In the first and second clinical years the intake of 88 students is divided into eight groups of eleven students. In the first clinical year the work is divided as follows:

Six sessions in Conservative Dental Surgery;

Two lecture sessions;

One session in Periodontology and Preventive Dentistry and the remaining session in Oral Surgery, Dental Radiology or a free/library session.

During the first year in Conservative Dental Surgery the junior, intermediate and crown and bridge technique courses are completed and each student is allocated a number of patients for whom he/she is responsible.

Two sessions a week are set aside specifically for lectures. This avoids disruption of the clinical sessions which occurred previously when lectures were scattered throughout the week. The lectures include a systematic course in Pathology and Microbiology in preparation for the Part I of the 3rd B.D.S. examination to be taken at the end of the academic year and include introductory courses in Conservative Dentistry, Periodontology, Oral Surgery and Radiology.

The first year course in periodontology and preventive dentistry includes instruction in the assessment of the periodontal status of an individual and learning the simpler procedures; great emphasis is placed on prevention of dental disease by dietary advice and instruction in oral hygiene.

The introductory course in Oral Surgery includes practical work on pig's jaws involving raising flaps, suturing, etc.; some patients are treated and there is emphasis on seminar teaching. During the first clinical year students spend eight sessions in the X-ray Department and they are introduced to radiology and gain practical experience in radiography.

In the second clinical year the students spend five sessions a week in the Department of Prosthetic Dentistry and learn the basis of complete and partial denture design and construction. They still do some of their own laboratory work but technical help is available. Three sessions a week are spent in the Department of Conservative Dental Surgery and by this stage students should have the knowledge to undertake all types of restorative work for patients requiring partial dentures and can also undertake other simple periodontal treatment.

One session a week is devoted to Oral Surgery which includes attendance at Consultants' Clinics and the remaining session is "flexible". This may be used for study, for doing technical work, for sport, etc. An effort is made to enable those students who play for the School or University to have their flexible session on a Wednesday afternoon. During the second year there are two 9.00 a.m. lectures a week, also during the year each student does a two-week full-time course in Human Disease at another hospital and a theoretical and practical course on Sedation. At the end of

the year examinations in Human Disease (Part II) and Pharmacology and Therapeutics (Part III) of the 3rd B.D.S. are taken. After these examinations each student attends a one-week full-time course in Orthodontics. The student groupings are changed in the third clinical year into five groups with 17 or 18 in each group and they become "senior" students. For the first three months of the third year there is a concentrated lecture course extending over three sessions a week. A number of sessions will be devoted to "Topic" teaching which will be described later. Two sessions will be spent in the Department of Orthodontics and Dentistry for Children and then one session each in the departments of Oral Surgery, Preventive Dentistry and Periodontology, Conservative Dental Surgery and Prosthetic Dentistry. The remaining session will be flexible.

In December when the previous years will have taken finals the students will spend a day a week in the five main clinical departments and this pattern of work will continue until the following December when Parts IV (Prosthetic Dentistry;) and V (Dental Surgery including Oral Pathology, Orthodontics and Paedodontics) of the 3rd B.D.S. will be taken together. During the final year students will be responsible for the complete treatment planning of each patient who can be seen by the student in any of the main departments according to clinical needs.

During the third clinical year students are taken from the Oral Surgery day to spend time in the Primary Treatment Unit and to have further tutorials in Dental Radiology. Elective periods and AHS appointments will also be taken during this year.

A number of innovations have been introduced with the new curriculum:

Whole Patient Care

The concept of whole patient care seems to be working well so far. The student cares for the patient throughout the course and will be able to undertake all necessary items of treatment – for each of his patients as the course proceeds. Each student also recalls their patient at intervals to monitor dental health.

Assessment System

A new assessment system has been introduced to give an accurate guide to each student's progress. At each stage of the course an assessment under three headings is made by the staff member responsible for that period. The first heading relates to academic ability. The second relates to technical and practical ability. The third heading relates to skills in patient management, attitude and professionalism. Detailed criteria are laid down for the grades to be given under each heading. This new system provides more precise information regarding each student's progress than has been available in the past. At the end of the first year a detailed study is made of the assessment of each student and those whose progress is regarded as unsatisfactory are given a special examination with an external examiner present. Those who fail the test are advised to seek another career.

Student Research

Students who have done particularly well in the first year are invited to undertake some research which they can continue throughout the remainder of the course. All members of the academic staff have been invited to supervise student research projects. Whilst there is considerable enthusiasm for student research, the current timetable leaves little free time and urgent consideration will be given to how more time can be found for this purpose.

Topic Teaching

A series of Topic Teaching sessions will be introduced in the autumn of the third clinical year (the first sessions are this year). A whole session will be devoted to the subject and will consist of a series of presentations by clinical and pre-clinical teachers under the chairmanship of another member of staff. Students and staff will be invited to discuss the subject after the presentations and it is thereby hoped to give an integrated view of each topic. It is hoped that these Topic sessions will develop closer integration between clinical and pre-clinical teaching.

Human Disease

There are an increasing number of patients with systemic problems who require dental treatment and so the assessment of the medically compromised patient has assumed considerable importance. In order to improve the teaching of human disease each student now spends two weeks working in a general hospital gaining a wide variety of experience. The programme varies in the different hospitals but the student will be involved in outpatient clinics, casualty, medical and surgical ward rounds, etc.

Departmental Changes

Oral Surgery

The Oral Surgery course has been much expanded by the introduction of more tutorials, the use of self assessment manuals and by the practical procedures on pigs' heads to which reference has already been made. As a result of the changing patterns of dentistry the number of patients attending the Dental Hospital who require extractions has been steadily declining and so arrangements have been made with other hospitals in the London area for students to attend on a sessional basis to gain further experience in oral surgery. The arrangements whereby the majority of students spend two weeks in the Oral Surgery Departments at the Queen Victoria Hospital, East Grinstead and St. Peter's Hospital, Chichester will continue. Students will complete log diaries for all the work that they have done in the Oral Surgery course.

Conservative Dental Surgery

The requirements in Conservative Dental Surgery have been modified from the "Points" system whereby overemphasis could be placed on items

of treatment. Now each student is required to complete treatment for a certain number of patients. A minimum quota of restorative procedures, i.e. amalgam restorations, composite/glass ionomer restorations, inlays, crowns and bridges and endodontic treatments must be done by each student. When the quota has been achieved a practical examination or case presentation of each procedure will be held. All quotas should be completed by the end of the second year. Successful students will no longer be required to make returns of individual procedures, while unsuccessful students will be set a further quota.

A quota of completed patients is also required. This is divided into three groups:

(1) 40 patients requiring preventive and conservative treatment with minimal treatment in other departments;

(2) Five patients requiring extensive conservative treatment, and also requiring either periodontal treatment or the provision of dentures.

(3) Three patients requiring extensive conservative, periodontal and prosthetic treatment.

Each student will be required to make a formal case presentation including a written report of one of the above cases. The number of patients in each category may be modified in due course.

Prosthetic Dentistry

The major change in this course is that it will not start until the second clinical year and will then continue until finals. The Prosthetic examination (Part IV) will be taken together with the main Dental Surgery examination (Part V).

Periodontology and Preventive Dentistry

This course will be spread over the first and third clinical years although students will continue with simple periodontal treatment in the second year.

Orthodontics and Dentistry for Children

These courses will start at the end of the second year and continue for one day a week for the remainder of the course. The time for students to monitor their patients will thus be increased from the present 6 months to 15 months.

Dental Radiology and Radiography

This course has been expanded considerably and much teaching will be undertaken in tutorials to groups of five or six. Each student will gain a thorough experience in Radiography.

A Curriculum Monitoring Committee has been set up which meets regularly to review the progress of the new curriculum. Reports are received from each department and from representatives of the student body. In addition a smaller group of staff responsible for the development

of the new course meet monthly to keep the curriculum under constant review and to make adjustments as necessary.

A further report will be made when the first group of students have completed their finals.

This new curriculum was masterminded by Professor Tulley when he was Dean of Dental Studies, the detailed implementation of the first two years has been undertaken by Miss Sheehy and her team with much help from Dr Challacombe.

The New Dental Curriculum Two Years On – The Students' Views

by Clare Freeman

Two years into the new curriculum, many comments on the course have been raised as, indeed, any new course is bound to do. A lot of these criticisms and appraisals are brought up by representatives at Dental Curriculum Monitoring Meetings, so that the course may be modified and adapted to make it successful.

Looking back through some old *Gazettes*, I found a *Passim* talking about some of the difficulties in the old curriculum, especially exams. Parts I to IV were taken within the space of a year with two demanding exams – Parts II and IV – taken together in the summer. The failure rate for Part II was 18.4% and that for Part IV 20.4%; the high failure rate for the latter was thought to be due to a lack of clinical experience and technical back-up. This has been partly remedied with Parts I to III taken in the first two years with the more closely related Parts II and III taken together in the summer, leaving longer for clinical experience for the Part IV exam which will now be taken with Finals – Part V, a daunting prospect. Time will tell whether this is a better option or whether further modification of exam times will be needed. Inevitably, in any new course there has to be a year of “guinea pigs” who test the course and hopefully iron out some of the problems that may arise. Comments from staff and students are therefore extremely valuable and below are some of the most common points that have been brought up during this period by second-year clinical students.

Preclinical Course

This seemed to be a rushed course aggravated in some groups where demonstrators wanted patients to be seen before Christmas rather than in the New Year. The standard of teaching varied between groups, some were better able to cope on clinic after this introductory course.

Periodontology

Seeing patients after only two weeks in the clinical environment was very good – we were able to feel like dentists although still in the labs for our preclinical course, working on phantom heads. However, we have to scale and polish the patients we see in conservation and get no credit for this so once we started seeing patients for restorations, perio became rather tedious. Maybe more complex or different work could have been undertaken later in the year.

Intermediate Course

This course came after only two months of finding our feet on clinic and it was hard to adjust to labwork again. The course was rather rushed especially in those groups which had to finish off a few pieces of gold work left from the preclinical course.

Oral Surgery

An excellent course, with early supervised and assisted extractions. Surgery and suturing was practised on pigs' heads which prepared us well for minor surgicals on patients later on.

A.O.T. Course

This fell at the wrong time of the year, during the Part I exam, but has since been moved to after the exams, allowing more time for study.

Lectures

Better scheduling of lectures would help. Often we have repeat lectures in succession – the same lecture given under different headings – which seems a waste of time.

Prosthetics Course

The technical course was extremely well-organised and ran smoothly into the clinical course. However the time is not flexible enough; there is enough time to do the work but any spare time cannot be used for other disciplines – if there are chairs left on other clinics why can't we use them?

Conservation

More senior technicians would be appreciated to help with more complex crown and bridge work; a lot was not covered in the technique course due to lack of time. The organisation this year is good but technical work is a problem which could be remedied by opening the labs in the evening.

Recall Patients

Many long-standing Guy's patients are not used to the new system of six month recalls and often come up by themselves to be seen by the house-surgeons, or do not bother to attend because they are not in pain and do not want to waste the time. Recalls are good in theory; they reveal work that was poor first time round and give us a good dentist/patient relationship to prepare us for dental practice.

Patients

Patients who do not turn up to their appointments waste valuable time and we have to give them at least two chances to turn up. Even patients who are persistently unreliable have to be given new appointments if they request them though often they forget to turn up for these.

In the new curriculum we have to obtain certain Quota patients. Quota 1 patients are seen only in the conservative department; Quota 2 patients are seen for conservation and either prosthetics or periodontology; and Quota 3 patients are seen in all three departments. The Quota 3 patient seems an impossibility and we are expected to have at least three. It is also unclear what the periodontology entails – is root planing acceptable or does surgery have to be performed?

Research

Involving students in research from the third year is a good idea. This was well advertised and the people involved are enjoying it.

Administration

Folders for patients go missing too easily. It is difficult to take patients from one department to another as folders get lost and time is wasted tracking them down between floors.

Dental Materials

Attendance for these was poor but the practicals were well organised and enforced points that we need to know. The course would profit from a specific, easy to understand book.

Medicine and Surgery

Pre-exam teaching could be better. At present there are no tutorials whereas in pharmacology there are revision tutorials running for a few weeks before the exam which are extremely useful. Clinicals were arranged early in the year to prepare us for the clinical part of the exam. These were very interesting and well organised but were too early on in the year. We did not know enough medicine and surgery to fully appreciate all the conditions we saw. It would have been better to have them a little closer to the exam.

The fortnight away at different hospitals was really good for the enthusiastic members of the year – a few liked the opportunity to have a

holiday. Chichester seemed the best place to be with a varied timetable and a busy casualty department.

Exams

Taking medicine and surgery with pharmacology was a better system than before, because revision could be intermingled between the two subjects, and facts learnt for one subject were useful in the other. Everyone is worried about taking Parts IV and V together as Finals. In previous years students taking Part V on its own seem to have had more than enough to cope with, the additional work at present seems to be an impossibility.

Any new course is bound to have its teething troubles and these can only be ironed out by obtaining continued student and staff feedback. The final test of this new course will be the final exams but of course the real conclusion will come in our working lifetime.



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The Autogenous Transplantation of the Lower Third Molars

by V. Rajayogeswaran, B.D.S., DDPH FDRSCC (Eng.)

Clinical Lecturer in Oral Surgery

Introduction

The technique of transplantation of teeth is not a new procedure. The practice of transplantation was common even in the eighteenth century. Colyer (1941)¹ and Heslop (1967)² refer to John Hunter's attempts at homogenous transplantations. Although many practitioners are familiar with the technique,^{3,4,5} there is very little agreement as to whether or not these procedures should be recognized as an acceptable therapeutic measure.^{5,6,7} Since the third molars are often of no functional value in many young adults their use in selected cases as a transplant to replace the lost or about to be lost first molar tooth due to caries, appears to be logical. For many years scientific publications have recorded favourable clinical successes with these transplants.^{6,7,8}

Definition⁷

The autogenous tooth transplantation is defined as the transplantation of a tooth from one site to another in the same individual. This involves the transfer of an embedded or impacted or erupted tooth into an extraction site or into a surgically prepared socket.

The Essential Requirements for Transplantation

The success of autogenous tooth transplants depend on proper case selection and good surgical technique. Autogenous transplant cases should be selected carefully using the following criteria:

- (i) The oral condition should warrant the contemplated surgery, i.e. satisfactory oral hygiene, fair number of teeth present in both arches.
- (ii) A good general health.
- (iii) Psychologically prepared to undergo this surgical procedure .
- (iv) A suitable donor tooth, which has at least two third root formation (apex not closed), its crown's mesiodistal width to fit into the host site.

Treatment Plan

- (i) Clinical examination.
- (ii) Study models
- (iii) X rays.
 - (a) Extra oral film OPG/lateral oblique.
 - (b) Intra oral periapicals.

Clinical examination should satisfy all the above mentioned criteria. Once satisfied, one must decide on the need for surgery, and then the possibility and the chance of success, from X rays and study models.

Technique/Surgical Procedure

The selected patients would receive pre- and post-operative instructions and care. A suitable pre-operative antibiotic cover, with chlorhexidine mouth bath, are prescribed.

The surgery is accomplished under either local or general anaesthesia, depending upon the requirements of the patient.

A sharp incision through the periosteum is carried from the distobuccal region of the developing third molar and then following around the gingival margins (sulcular incision) to the buccal of the second molar and carried forward to the distal of the first premolar, this affords adequate exposure of the surgical field. The mucoperiosteal flap is freed and elevated gently with a minimum of trauma. The overlying bone is removed with surgical bone bur or sharp bone chisel or both; adequate removal of bone is essential to avoid any trauma to the tooth during removal. Gentle application and manipulation of elevators and forceps to the crown are used to prevent excessive trauma to the root sac. The transplant donor tooth is freed, and then permitted to remain in its socket until the host site has been prepared to receive it.



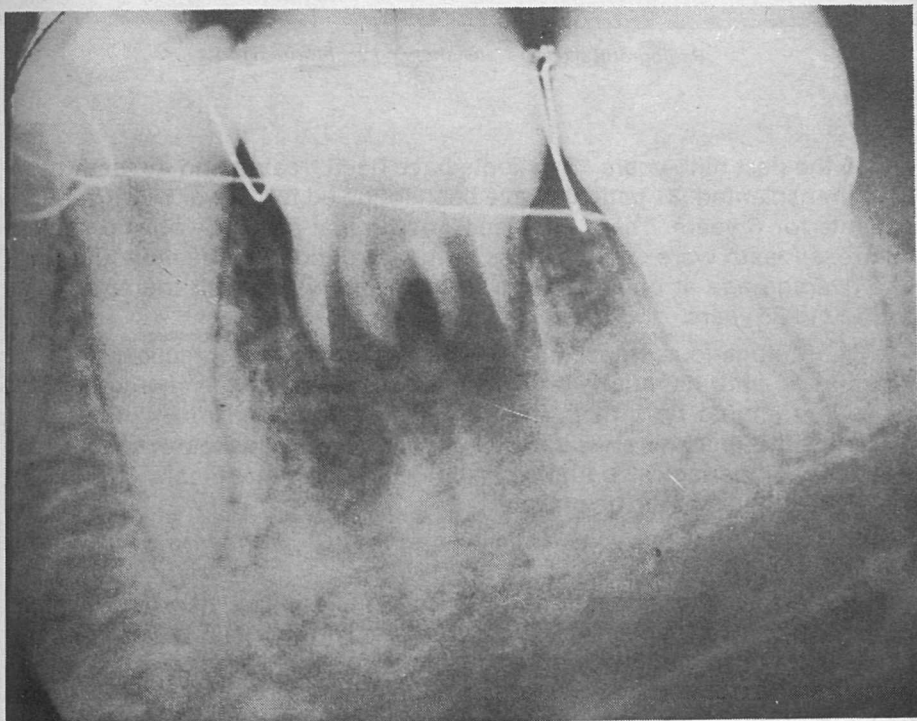
The tooth in its new socket stabilised by stainless steel eyelet wire

The first molar is carefully removed and the interseptal bone between the roots is eliminated with bone burs. All chronic pathology is curetted from the host site. This socket is well irrigated and washed with saline, and then free haemorrhage into the socket is allowed to fill in, for the formation of a suitable clot for the transplant. The transplant is now carefully transferred to the host site and allowed to sit in an infra occlusion. The mucoperiosteal flap is replaced and sutured with 3/0 black silk suture.

Stainless steel 0.35mm eyelet wire is used to stabilize this tooth, also inter-proximal ties are used mesial and distal to the tooth to increase its stability. An acrylic splint or guard is placed over the transplanted tooth to hold all the surrounding teeth in normal functioning position, while the transplanted tooth grows to position, during this period it is free from the occlusal pressure from the opposing tooth.

Post operative care and follow-up

Post-operatively, these patients are routinely kept on antibiotics for five days. Regular clinical and X-ray observations are made. Black silk sutures are removed in a week. The wire splints are removed after four weeks. The acrylic splint is removed in eight to ten weeks. X-ray examinations are usually made after a week to provide a base-line, and again after four or six months, and then on an annual recall basis.



Radiograph one week post-operatively



Radiograph six years later showing well-formed roots

Results

In the past nine years 48 patients have been treated and 48 teeth have been transplanted. 31 patients have been followed for two or more years, 4 patients for 6 years. There has been good initial success with no clinical failure, all teeth were symptomless, firm, surrounded by healthy gingivae. The average age at operation has been twenty years with the age range from 17 to 26 years.

The autogenous transplant in selected cases is a practical surgical procedure, and its success depends on the following features. The transplant should be firm in the new socket. It should maintain a good colour of the enamel. No clinical or radiographic evidence of resorption, ankylosis or periapical pathology should be present. Finally a positive vitality response should be present.

Conclusion

In most cases where alternative treatments have failed, the transplant may be an answer, especially in young adults. The success rate is very high. I believe that this operation has a place in minor oral surgery, as they were performed under routine oral surgery clinic procedure it was also found that the original technique of complete hospital operating room sterility was not essential.

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Guy's Hospital Gazette



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Five years ago the tutors and directors of the Schools of Dental Hygiene met to discuss updating the GDC regulations for the training of hygienists. It did seem odd that periodontology is nowhere mentioned in the syllabus. Recommendations from that meeting were met with nothing short of official cold disregard. Five years on, nothing has changed yet, but there is the hint of encouragement. This is prompted perhaps by the new Act and a change in the principal players. The Dental Auxiliaries Committee has even invited comments. For the first time in 30 years there is hope for an enlightened new approach to the status and training of hygienists.

A meeting in Sheffield with tutors and a newly founded Directors' Group resulted in the formulation of new ideas to ensure that the hygienist is trained to meet the altering demands of future dental care. This involves not only consideration of the syllabus to include expansion of duties but also official recognition that the training period in reality is not one year but three, taking into account the necessary previous DSA training. This is important in the negotiations conducted by Whitley for salary scales.

The term "mini-dentist" has been coined by those who presume it has an appropriate derogatory undertone. If the new enlightened approach results in greater job satisfaction, an appropriate improvement in status, both in respect and remuneration, then it will naturally be welcomed by the hygienist. If the improvement of their lot is reflected in better care and service for the patient, then it behoves the dental profession to lend the hygienists' cause every support. Any myopic view about dilution dims the prospect of such progress.

Welcome

To all the recently appointed Dental House Surgeons – who are so important in the first impression created for new dental patients at Guy's.

To Professor C. E. Nord, from the Oral Microbiology Department at the Karolinska Institute in Stockholm visiting us for a week in September.

To Dr. S. Mergenhagen from the Immunology and Microbiology Laboratories at the National Institute of Dental Research in Washington also visiting us for a week in September.

To Dr. Peter Morgan joining us from September as Senior Lecturer and Honorary Consultant in the Department of Oral Medicine, Pathology and Microbiology to replace Dr John Eveson who has returned to Bristol Dental Hospital.

Michael Maberley

Physiotherapy

It is not much consolation, I suppose, to know that others suffer from afflictions similar to your own, but at least it stops you feeling uniquely victimised. The affliction referred to is the plague of educational reformers, which has been visited upon us over the last two or three years and looks fully capable of running its full biblical span. Being jammed into an educationist mould when you really think of yourself as a teacher has distinctly Procrustean overtones, but we have struggled to learn the jargon and would now quite like to get on with the job. I fear that there are more uncertainties yet to be resolved.

The consolation, such as it is, derives from a letter sent to all the heads of physiotherapy schools in Europe by the Belgian National Federation of Institutes for the Study of Physiotherapy. It defines its role as the design and supervision of education programmes in the several Belgian schools, and aims to represent those schools where there have to be dealings with government bodies. However, it would appear that the Federation is distinct from the professional organisation to which practising physiotherapists belong, whereas our Principals group is part and parcel of the Chartered Society and is represented on its education committee. Constitutionally, furthermore, the ruling CSP council has seats which are reserved for the teaching group, so it is difficult to imagine precisely the same dilemma arising in this country.

What seems to have happened is that the Belgian practitioners have engaged in talks about the organisation and duration of physiotherapy education, and have suggested wide-ranging modifications which might include some closures of schools, without having involved the schools themselves in the discussions. The Federation, not unreasonably, believes that, if changes are necessary, it is essential that it should be involved in the dialogue, whereas its opinion has not even been sought about the radical proposals which are flying through the air. It declares that, while the professional body has a duty to interest itself in the quality of the profession, organisation of the education must remain entirely in the hands of the schools. The Federation asks that we should develop a collective European view of the essential role of the schools in order to establish this principle with our several governments and with the EEC.

Not precisely the same but it does have a familiar ring. The National Training Forum has been critical of the paramedical professions in their efforts to upgrade and extend the education programme without reference to Health Service needs, and imply that they would like to control the content and duration of training. More locally, and within the profession, there have been discussions over who knows best whom to select for training and what to teach in order to fit them for future practice.

To modify the cliché – is education too important to be left in the hands of the educationists? (Or teaching in the hands of the teachers?) It will be interesting to see how this all works out.

Ronald Cooper

Careless Talk Costs Lives

If the UKCC code of professional conduct is to be strictly observed by all Guy's nurses, I am going to be deprived of some of the most juicy overheard conversations on my homeward bound journey. Not having Sam as an agent to counsel me, nor anyone else to counsel me, for the record (if you don't know what I'm referring to, ask the nearest houseman if you can have a look at the magazines propping up the end of his bed), I rely on the gossip that circulates on the Honor Oak Park train to know what is going on in the hospital.

I have overheard some of the most lurid clinical descriptions, all about the nasty ward sisters, what a nuisance it was that Mrs Smith died just before the shift ended, and much more, over the years. I must admit I was a trifle surprised at times. I remember my nursing tutor warned us against such discussion when off-duty or outside the confines of the ward offices, and although I have been amazed at the frequency of these conversations by nurses, and other medical staff and students, I had no idea that this phenomenon had assumed the characteristics of AIDS – an alarming increase. But a circular from our Director has warned us against these indiscretions. Has no one told her that this is just one more example of how a nurse behaves under stress?

Codes of conduct to prevent this careless talk are inevitably necessary, although I always thought common sense would have led most nurses to hold their tongues in public. I suppose it is years of working in the Lloyd Clinic, where confidentiality means that no one else, even in the hospital, let alone the travelling public, gets to know either the identity or clinical details of our patients.

Admittedly, I am surprised at the indiscretions of certain nurses, but only occasionally. I well remember one summer evening . . . and it has been warm lately, hasn't it? Nurses are complaining about wearing black tights or stockings in the heat. Why, they ask, cannot they, like female doctors with whom they work, discard this uncomfortable and unhygienic apparel? Well, they can't blame me, I supported trousers for nurses on these pages recently. But to continue, I remember being flabbergasted, on one such summer evening a few years ago, when sitting outside The George, a nurse in full indoor uniform rushed into the bar for a drink. Now, I can quite understand anyone rushing into The George for a pint of their excellent draught cider, indeed after a few pints most of us would be incapable of retailing gossip to the world at large, but, oh, in uniform – it gave me quite a start.

Most patients are probably unaware of indiscretions on the part of their nurses, and possibly no harm results, but it is surely the principle that counts. Just think, if your mother or father were ill in hospital, how would

you like their medical history broadcast around a railway carriage? We are living in an epoch noted for its information technology, and there is widespread concern about the use of modern methods of information transmission – hence the Data Protection Acts – but it seems we are still having problems with the old fashioned ones as well. Gossip is great, without it most of us would die in ignorance, but please make sure to whom, about what, and where, you make your secrets public.

Denis Cobell

Guy's Evelina Children's Appeal

Social Secretary: a dubious honour which in the past has been little more than a title; however, I hope perhaps that times have changed, and a lot seems to have happened over the past two years. Fund raising for the Guy's Evelina Children's Appeal has been my aim, and it began in December 1985 with a scavenger hunt and two cake and cookie stalls held in the Colonnade. March 1986 heralded the beginning of a new era: the first ever Nurses' Hop took place in Boland House, an evening which raised £800 – more than any of us had imagined possible. However, our next hop, held in March this year, was, I think, to break a record: a staggering £1200 was taken! (One wonders where on earth the money comes from.) More recently, HMS London joined forces with us, on a pub crawl. I'm sure pedestrians on Borough High Street will long remember the tide of "artful dodgers" who so successfully relieved them of £500 – an outstanding amount for one evening of fun.

At present, our total stands at just under £3,000, but a "Summer Ball", to be held on 28th August aboard H.M.S. Belfast (Details available from me via Nurses Home pigeon holes), will I hope boost this figure to £5,000. What more can I say except that I owe many people a huge debt of thanks for all they have done to make all this possible.

On a lighter note – I overheard the following story which I thought relevant to meal times at Guy's

"A man – Sid – died and went to heaven, where for meals there is a canteen where you queue and wait to get your food. One lunchtime, however, while Sid was waiting patiently in line, a man walked in and went straight to the front of the queue. Aghast, Sid turned to his friend and said, 'What does he think he's doing?' To which his friend replied, 'Oh, that's God – he thinks he's a doctor.' "

Need I say more!

C. B. Bilderbech

Correspondence

Keep Guy's Tidy vs Cedric Bore

Dear Sirs,

I am most grateful to Mr. (?Doctor; surely he is qualified by now) Bore for drawing attention to the campaign to reduce the amount of litter at Guy's. I am sorry that I had not understood that the trail of plastic beer mugs between Boland House and Wolfson is designed to assist him in getting home late at night. He will recall that in the Grimms' fairy tale to which he refers that the birds picked up the crumbs and ate them and if he can arrange a similar solution I will be most grateful.

Yours faithfully,

Professor C. CHANTLER
Chairman, Guy's Management Board

Funding Electives

Dear Sirs,

We were interested to read the letter of Sine Nomine (May 2nd), concerning the bursaries for student electives. We would naturally like to have enough money to be able to support all our students during their elective appointments, but regrettably the amount available is woefully small. We did at one stage toy with the idea of simply taking the sum of money and dividing it by the number of applicants, but this would mean that each student would only receive a ludicrously small amount of money, probably, of little value in the overall expenses of the elective. We have therefore tried our best to distribute those funds available to us in the fairest way possible. Despite your correspondent's comments, we are not setting up a travel bureau, but try to identify those students whose elective proposals seem to us most enterprising and worthwhile from an educational point of view. We have to admit that this is a very difficult procedure, but I am sure your correspondent would be even more aggrieved if no interview of any kind was held and a decision was made purely on the basis of a sign up ranking order.

As a matter of fact, for the current distribution of funds, 12 out of 18 female applicants received support while 10 out of 16 males did so.

As regards the sign ups, although the ranking order is available to us it is rarely used as a basis on which to make an award and again in the current distribution of funds successful applicants ranged from 1st to 93rd on the sign up list.

Yours faithfully,

M. JOURDAN
Sub-Dean of the Medical School
J. REES
Clinical Tutor

Thanks

Dear Sirs,

On behalf of my wife and myself, I should like to thank, through the medium of the *Gazette*, all those who have shown us so much kindness, and who have contributed to the handsome gifts that we received on the occasion of my retirement from the active Consultant Staff of the Hospital.

Needless to say, my longstanding association with Guy's and its Medical School has meant a very great deal to me. It is a great satisfaction that I shall be able to continue it for a while through an honorary attachment to the Guy's campus of the United Medical and Dental Schools.

Yours faithfully,

G. A. K. MISSEN
2 Ingleside Grove,
London SE3 7PH

In Praise of the NHS. . .

Dear Sirs,

In recent years, as might be expected in an old man approaching 75 years, I have found my hearing impaired. I therefore consulted my erstwhile student and old friend, Mr.

Omar Shaheen, who passed me on to the highly efficient Senior Chief Auditory Technician, Mr. C. Onisiphorou. With little delay I was fitted out with a very effective hearing aid. All this expert attention, and the supply of most satisfactory equipment, has cost me not one penny. How dare people, therefore, attack the DHSS. I have received, freely, at least £200-£300 worth of treatment, which is probably more than I contribute annually, through my taxes, to the national funds.

There must be thousands – or rather hundreds of thousands – of people who have my experience. No system is perfect, but our National Health Service is, to many of us at least, extraordinarily generous and efficient.

Yours faithfully,

ROGER WARWICK
55 Hall Drive,
Sydenham,
London SE26 6XL

Book Reviews

Clinical Medicine. P. J. Kumar and M. L. Clark (eds). 1011pp. £17.50. Soft Cover. Baillière Tindall.

Guy's students have generally been brought up on the *Short Textbook of Medicine*, the local green book. Bart's have now produced a rival in the form of Kumar and Clark's *Clinical Medicine*. This is a longer text than most introductions to general medicine and, as such, will probably take the student on through qualification.

It is a well produced book, with good contributions from tables and illustrations. There are chapters to cover topics such as Intensive Care and Medical Oncology as well as the standard sections. The book is well written, with good cross-references and little overlap or disagreement between chapters. There is a sprinkling of spelling mistakes and some poor illustrations which will need correcting in subsequent editions.

One danger of such multi-author books is that they become out of date by the time they reach the bookshelves. However, this is

admirably current. AIDS tends to act as a marker for this because of its rapid development but the section reads quite well.

Each chapter starts with a list of its contents followed by some applied anatomy and physiology, clinical features and investigations in a format which seems to have become standard for such textbooks. There is some variation in proportions but the balance is about right.

This is an attractive book, filling a gap between shorter textbooks and comprehensive tomes at a reasonable price. There are nearly 1000 pages of double column text here, which may prove daunting for the clinical student as he starts off, but *Clinical Medicine* warrants some consideration as a standard undergraduate text. The best plan is to sample some topics in the three or four common books and see which you like, not forgetting that a new edition of the green book is in the late stages of preparation.

J. REES
Clinical Tutor

Healthy Respect – Ethics in Health Care. R. S. Downie and K. C. Calman. 266pp. £5.95. Soft Cover. Faber and Faber.

Most health worker graduates equate ethics with the Hippocratic oath, which is then taken to be their life-times' complete guide to ethics. Enlightened medical schools know otherwise and have for years taught courses of ethics as it relates to medicine. Now Downie and Calman in their book *Healthy Respect* have given all health workers access to a clear and relevant introductory text to ethics. Rightly emphasising that there is no inherent separation between ethics as applied to medicine and life in general, the book gives a persuasive insight to both the moral right and moral duty of each and every health worker to have a considered input into patient care.

There are excellent short sections on the basic theories of ethics, and how these relate to various types of decision we make.

Specific examples, coupled with probing questions, illustrate the many facets of moral decision making in which we regularly participate (sometimes blissfully unaware that we are so doing).

The book is well set out, and suitable for dipping into, an essential pre-requisite for a text whose first aim is to provoke and stimulate rather than instruct. The sections stand alone, with clear referencing where necessary.

My only carp is the section on alternative world view, a topic which it is impossible to encompass in 12 pages. This could well have been omitted, and the space given over to expanding the excellent but all too brief section on economics and decision making in health care policy.

An excellent buy; an essential diet for all health workers who for too long have been suffering the pangs of ethical famine.

R. STOTT
Consultant Physician

Sport

CRICKET CLUB 1st XI Cricket Report

All in all this season, which promised such a great deal initially, has turned out to be a complete disaster. It began on a very good, if rather unlucky note, with an excellent match in the 1st round of the U.L. Cup vs The London Hospital (the holders). Batting first, we made 176 for 6 wks (Crowther 70) off 40 overs, with the London reaching their total of 177 in 39.4 overs, with 7 wks down (Millar 4-33).

After that commendable performance, we had another close game vs Carnegie. Having made 167 for 5 wks (Millar scoring a superb 82), Carnegie were 161 for 9 wks with one over left. However, neither the 7 runs nor the 1 wkt required to win were achieved and the game finished a draw.

From then on, things began to go downhill – team problems. Not who can play this week, but please, please, please *will* you play this week – invariably the answer, No! In the end the Skipper turned to his flat mates: two from St. Thomas's (boo!), one from Bart's (hiss!) and the team changed names – "The 56 Offley Road Invitation XI".

Despite or as a result of these tactics, the team only managed 70 runs in the next match against Old Citizens, with only ten players, comprising five from Guys, two from Thomas's, one from Barts, and two non-medics, one of which was Freddie the barman, who wasn't sure either which way round or which end to hold the bat. Nevertheless, thanks must be given to him for playing, even though it didn't seem to prevent the inevitable; being beaten by 6

wkts, notably fielding with only 6 players (Freddie returned to his bar, another off to a party).

The following game vs Goldsmith's College, saw us lose by 1 run, again with only 10 men. Goldsmith's batting first only made 87, mainly thanks to excellent bowling by Vowles, taking 5-24. We in reply could only muster 86.

Eventually after several weeks of rearranging, the U.H. Cup game vs Charing X was played. Thanks to excellent bowling and fielding all round, they were restricted to 109 for 9 wkts in 40 overs. This, however, proved too much for us, the game ending in a mad run chase in the final three overs, and we were left on 103 for 9 wkts at the end of 40 overs.

Our best batting performance came against the Past, Tom Brink making 92, in a total of 235 for 8 wkts. But the game ended unfortunately 1½ hours later, with everyone sitting in the pavilion watching the rain wash away any hopes of a finish. Again a draw.

Saturday, June 21st. Our first win. Winning the toss, we batted and made a good total of 136 for 9 (Brink 42) against a good Brixton West Indies attack. Originally we began with only 9 players, but by mid-afternoon we had a full 11, thanks mainly to Dave Quick's immense keenness turning out at the eleventh hour, and an unknown Brixton exile, Scotty, who when asked whether he bowled or batted, said that he would fancy his chances bowling to Viv Richards. Naturally, he opened the attack,

and with 5-30, won us the game. He also proceeded to adopt the role of chief organiser of both sides, as well as coach to the bowlers, and umpire at both ends. Anyway, without him, I doubt whether a big "W" would have appeared in the score book.

The season ended with a poor match vs Gray's Inn, which we lost by 5 wkts.

Final analysis: Played 10, Won 1, Drew 4, Lost 5.

Cap'n

Averages

Batting

	I	NO	Runs	100's	50's	HS.	Av
T. Brink	5	0	158	0	1	92	31.60
S. Crowther	10	0	296	0	2	70	29.60
T. Crowther	3	1	52	0	0	*27	26.00
K. Singh	7	1	148	0	0	*49	24.67
S. Millar	7	0	163	0	1	82	23.30
J. Durn	4	1	69	0	0	25	23.00
N. Tucker	5	1	23	0	0	12	5.75
J. Hare	5	0	24	0	0	23	4.8
D. Bailey	4	0	59	0	0	41	14.75
A. Bateman	6	1	15	0	0	11	3.00

Bowling

	O	M	R	W	B-B	Av.
Scott	10.3	2	30	5	5-30	6.00
N. Tucker	2.7	7	73	8	6-26	9.13
S. Millar	22	7	65	7	4-33	9.28
King	15	3	50	5	4-15	10.00
R. Vowles	49	5	178	12	5-24	14.83
D. Bailey	16	3	61	3	2-15	20.33
T. Crowther	11	4	24	1	1-17	24.00
K. Singh	45.4	10	136	5	3-20	27.20

Guy's Hospital Gazette



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THANK YOU FOR YOUR CO-OPERATION

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DENTAL HOUSE SURGEON APPOINTMENTS

The following recommendations have been made to the Director of Dental Services for appointment of Dental House Surgeons for the period 1st August 1987 to 31st January 1988.

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General Duties and Mr. Bret Day:
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Miss S. A. Broughton

General Duties and Mr. O'Driscoll:
M. W. E. Shimmmin

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P. A. Dooley

General Duties, Oral Immunology & Microbiology:

Miss M. A. Dodd

Orthodontics and Dentistry for Children:

C. D. P. Morgan

Miss S. K. Topping

Conservative Dental Surgery:

Floor 25: Miss S. R. R. Tanner

Floor 26: L. K. Georgioui

Prosthetic Dentistry:

T. D. Brink

Miss A. Vahdaty

General Duties, Conservative Dental Surgery and Oral Surgery:

Miss H. S. Warren

Miss N. J. Clemmence

P. J. Cassar

N. A. Sarson

General Duties, Oral Medicine & Pathology:

P. B. Manek

MARRIAGE

BLAIKLEY, Andrew Bruce to Miss Susan Kathleen
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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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The *Gazette* would like to extend yet another welcome to the new arrivals this year. No doubt you will appreciate what a unique intake you are anyway, since you have managed to survive the traumas of having to persuade both Guy's and St. Thomas' that you are worthy of a place. However, in the long term you may well be viewed as the prototype U.M.D.S. student rather than as simply Guy's or St. Thomas'. On a personal level there is probably nothing sinister in this, but it is worth a further look at possible changes at the institutional level.

As outlined in the *Gazette* of 19th July 1986, the new medical students at Guy's and St. Thomas' applied to U.M.D.S., satisfied a common selection policy and only on acceptance were invited to state a preference for Guy's or St. Thomas'. At the time of writing, the campus choices are still being processed, so it is too early to assess how this has gone. Yet this step in the amalgamation of the two schools is probably a mere administrative headache in comparison with other changes in this and forthcoming years with the combination of the preclinical and clinical courses.

While one has to accept that the formation of U.M.D.S. was necessary for the survival of the schools at Guy's and St. Thomas', there must be concern that all these changes will upset the unity and friendliness that still exist amongst students within each school. Will U.M.D.S. develop sufficient identity as a whole in compensation? On an elective, I came across students who had been involved in another merger, which had been more like a big bang in comparison with the slower evolution of U.M.D.S. Judging from their experiences – a fairly cosmopolitan school married to a more insular one – there was certainly no overall unity yet, and the emphasis was on small groups of friends rather than any feeling of belonging to a school. This no doubt has attractions for some who find an institutional demand overbearing, but with such a dispersion of talent over two campuses and more hospitals, the impetus to become involved in group activities is reduced and thus the sport and cultural life of the school suffer. Indeed it already seems difficult enough for us to raise a complete Guy's cricket XI, and the 2nd year medics did not manage to put on a production for the Theatre Club this last summer term, so apathy is already widespread. Happily there are many other areas in our extracurricular life where the converse is true. However, if the two schools are reduced to a series of small groups of friends, it will come down to the motivation of the Clubs' Union and individual club officers to rouse latent enthusiasm and rally people from two campuses and hospitals ranging geographically from Westminster Bridge to the Medway.

This may be an unduly pessimistic view of the situation, but it is obviously a danger to avoid. The other day, I was sitting in an Indian restaurant in North London with a couple of friends, talking about some of the problems of funding the NHS and what is happening at Guy's. At this word, the man at the next table got up excitedly and warmly congratulated me on being at "the best medical school", and told me what a marvellous time he'd had here in the 1940s and some of the things he'd done at Guy's. There is a great affection for our hospital and school among ex-Guy's people. It would be a pity if that or a similar feeling for U.M.D.S. were lost in future generations.

News in Brief

Conjoint Examinations

With effect from March 1988 the regulations for the Final Conjoint examination are changing to bring the examination more in line with the final examinations of the majority of Universities of the country.

The clinical part of the examination, namely Medicine, Surgery and Obstetrics and Gynaecology, must all be taken together at the completion of 30 months clinical study, except where the supporting University permits entry to one part early (usually Obstetrics and Gynaecology) when this may also be taken early at the Conjoint examination. The final Pathology examination may also be taken early, before completion of 30 months clinical study, in line with the regulations of the supporting University. A candidate must subsequently enter or re-enter for all remaining parts together, but carrying forward any passes, for a maximum of three admissions within two years dated from the first entry to a clinical part.

Mr. Patrick Boulter

Mr. Patrick Boulter, Consultant Surgeon at the Royal Surrey County Hospital, Guildford, and a former editor of the *Gazette*, has been appointed Honorary Visiting Professor to the Faculty of Science at the University of Surrey.

Cover Photo

This month's cover shows Sir Frederick Gowland Hopkins with his grandson. See the article on p.335 on the early days of physiology at Guy's.

Gazette Office

We would like to welcome Gillian Fant, who has taken on the jobs of Office Manager for the *Gazette* and Manager of the Club's Union Shop.

Freshers' Week Programme

Thursday 1st October

- 9.30 – Registration & Photographs — General Classroom, Medical School.
- 1.00 – Lunch, courtesy of MPS — Boland House.
- 3.30 – Staff & Students tea party — Upper Spit, Boland House.
- 6.00 – Nat West cheese and wine — Ballroom, Boland House.
- 8.00 – Disco — Ballroom, Boland House.

Friday 2nd October

- 9.45 – Grand Welcome. Talks from the Dean, Students' Union and Security – Harris Physiology Theatre, Medical School.
- 11.00 – Talk on Dental course – Tower Theatre, Guy's Tower.
- 11.00 – Talk on Medical course – Harris Physiology Theatre.
- 12.30 – Tour of Guy's (and surroundings).
- 3.00 – Freshers' Fair – Ballroom, Boland House.
- 8.00 – UMDS Hop at St. Thomas' – Details to be announced.

Saturday 3rd October

- 8.00 – Beach Party – Guy's Boat House, Chiswick.

Monday 5th October

- 6.00 – Preclinical party with the Dean at St. Thomas'.
- 8.00 – Nightclub opening – Details to be announced.

Tuesday 6th October

- 6.00 – Meet your "parents" – Ballroom, Boland House.
- 8.00 – INFLAM – Bar, Boland House.

Wednesday 7th October

- p.m. – Sports trials at Chiswick and Honor Oak Park.
- 8.00 – Disco – Honor Oak Park.

Thursday 8th October

- 8.00 – UMDS Barn Dance – Ballroom, Boland House.

Friday 9th October

- 8.00 – End of Freshers' Week Hop – French Evening – Ballroom, Boland House.

Rugby Club

The unveiling of the Rugby Club honours board will take place at Honor Oak Park at 2 p.m. on Sunday 18th October. The ceremony will be followed by a game between a President's XV and Guy's 1st XV.

First Fifteen Fixtures 1987/88

Sept.	Sat	19	*Old Whitgiftians	3.00	Away
	Tues	22	Blackheath	5.30	Home
Oct.	Sat	3	*Purley	2.45	Home
	Sat	10	*Old Walcountians	2.45	Away
	Sat	17	*Warlingham	2.45	Home
	Sun	18	President's XV	2.45	Home
	Sat	24	Preclinical Tour		
	Sun	25	1st Round Surrey Cup		
	Sat	31	*Alton	2.45	Home
Nov.	Sun	1	1st Round Gutteridge Cup		
	Sat	7	*Jersey	2.45	Home
	Sat	14	Osterley	2.45	Away
	Sun	15	2nd Round Surrey Cup		
	Sat	21	U.S. Portsmouth	2.45	Away
	Sat	28	H.A.C.	2.45	Home
Dec.	Sat	5	Old Cranleighians	2.30	Away
	Sat	12	Old Mill Hillians	2.30	Home
	Sat	19	Esher	3.00	Away
	Sat	26			
Jan.	Sat	2	*Winchester	2.30	Away
	Sat	9	*Eastleigh	2.30	Home
	Sat	16			
	Wed	20	1st Round U.H. Cup		
	Sat	23	Cambridge University	2.30	Away
	Sat	30			
Feb.	Sat	6	Rosslyn Park U23 (England vs Wales)	10.30am	Away
	Wed	10	2nd Round U.H. Cup		
	Sat	13	Southampton Hospital	2.30	Away
	Sat	20	Bromley	2.30	Away
	Sat	27	Taunton	2.30	Home
Mar.	Sat	5	Old Alleynians	2.45	Home
	Sat	12	*Trojans	2.45	Away
	Sat	19	Newbury (England vs Ireland)	10.30am	Home
	Sat	26			
	Sun	27	Past vs Present	2.30	Home
Apr.	Sat	9	Old Blues	3.00	Home

* = R.F.U. League Fixture

Obituaries

James Kirkbride

James Kirkbride qualified in 1954. He married Anne Booth, also a Guy's qualified doctor. In 1956 he attained the D.R.C.O.G. and was Obstetrics Registrar in Amersham.

Anne and Jimmy then went out to Kuwait where they both worked until 1964. On returning to England he entered general practice in Calne, Wiltshire until 1976. In 1976 he and Anne went to Iran where they both worked until they returned to the U.K in 1978.

Jimmy then took up a post in Community Medical Service in Swindon, Wilts., where he remained until his death on Thursday, 16th of July this year.

He will be remembered for his cheerful and stimulating personality. He was a very enthusiastic and popular member of the G.H.R.F.C. for which he was awarded a "blue".

Jimmy will be sadly missed by all his friends and patients and we send our sincerest condolences to Anne and their children, Alastair, Hugh and Caroline.

N. du P.

H. M. Worth

Dr. H. M. Worth died on 18 July, 1987 in Vancouver, Canada, at the age of 90. He qualified at Guy's Hospital in medicine and dentistry in the earlier years of this century, after which he undertook postgraduate training in radiology. He was a lecturer to both the medical and dental schools of his alma mater until 1938. In Canada he was again involved in teaching general and oral radiology. In 1975, he was presented with the Doctor of Laws (Honoris Causa) by the University of Toronto for his services to oral radiology.

M.G.P.

Bernard Lilwall, M.S., D.S.O. and Bar

Bernard Lilwall died on 11th July after a series of illnesses which although borne with exemplary stoicism marred his retirement. He was blessed with the unstinted support of his wife, Sandy, and his family, Prue and Guy.

He was a man of relatively few words but great imperturbability, a characteristic which must have been much in evidence when he gained his two decorations operating in a Forward Mobile Surgical Unit in Burma when surrounded by the enemy.

We in the Whitstable practice were very lucky to have him as our Consultant Surgeon from 1950 to 1976, when he did a weekly out-patients and an operating list at the Cottage Hospital. We have much to remember him by and thank him for.

D.G.H.



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Clubs' Union News

With the summer holidays over, Boland House has come back to life again. The bar is open and the Spit throbs with life.

The more observant among you may have noticed that this is the Freshers' Issue. This means that there will be Freshers about, probably looking a bit lost and bewildered, so instead of laughing at them try to be helpful. I'm sure they'd appreciate it.

To the Freshers I can only say again – participate and *enjoy yourselves*. If you mingle with your year and others you'll find yourself a lot less lost. Good luck.

Zaheer is busy planning the Snowflake ball (provisional date 27th November) so you've only got 2 months to find your partners!

It actually looks as if we may get some ventilation and furniture in the bar. We probably won't buy extractor fans or air-conditioning because of the expense and also the risk of damage, i.e. the Friday night "swing off everything you can" syndrome. So we hope to arrange it so the windows can be fully opened which may help a bit.

Finally, good luck to all the Clubs starting their new sport seasons and make sure the Freshers get involved.

Nigel White
President

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are October 7th and November 18th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

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Freshers' Section



Introduction by the Deans

Professor T.J.H. Clark, Dean of Medical Studies

I am delighted to welcome you to Guy's as a student of the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals (UMDS). The union between the two medical schools and between the Guy's Dental School and Royal Dental has been a great success. It has been augmented by the arrival of the Institute of Dermatology on the St. Thomas's campus to complete a formidable new medical and dental school within the University of London. Our total annual income now exceeds £14 million and the high reputation and entrepreneurial flair of our staff raises nearly as much again for research. You will therefore be joining a very active University institution which is combined with hospitals of great renown and tradition.

Although our hospitals are under tremendous financial pressure at the moment, we have great hopes for the future as it now looks likely that we can continue the rebuilding of Guy's which stopped some 10 years ago when the Tower Block was completed. We are hoping to replace the medical wards and outpatient department as well as upgrade many of our other facilities with a new building which gives us great hope for the future. The status of University hospital accorded to Lewisham Hospital and its own rebuilding programme ensures sufficient clinical facilities when combined with those at St. Thomas's and Guy's. A new clinical curriculum will help you take advantage of these clinical opportunities.

In addition to these promising developments, medicine and dentistry as a whole are making great advances scientifically and the rate of change is increasing. This means that your period of education at UMDS in both preclinical and clinical departments is of great importance to equip you for this change and for future and unforeseen developments. I am sure you will all meet these challenges and join with us in helping to shape the future.

Professor A. H. R. Rowe, Dean of Dental Studies

Welcome to the Dental Schools at Guy's Hospital where you are now starting on your chosen career.

Many of you will be living away from home for the first time and the new environment will be very strange but I am sure that like countless generations of your predecessors you will soon find your feet and make lots of friends. The first few days will be spent in acclimatisation and social activities but these will soon be replaced by the need to start work in earnest. The course for the second B.D.S. examinations which you will take next summer is all too short, so it is essential that you settle down rapidly and do not fall behind in your studies. Some of you will question the need for so much basic science but throughout the 2nd B.D.S. course the clinical relevance will be constantly emphasised and it should be obvious that a knowledge of the normal structure and function is necessary for an understanding of the disease processes which are covered later in the course.

Do take the opportunity during Freshers' Week to find out all about the various organisations and clubs, both sporting and social; there are activities to suit all tastes so use them to the full. In particular I would draw your attention to meetings of the Dental Society where you will be most welcome. The Society meets every fortnight and after each meeting there is usually a reception where you can meet your clinical colleagues.

I hope you will find your time at Guy's to be a happy and rewarding experience.

Anatomy

Professor M. Berry, Department of Anatomy

Macroscopic and microscopic anatomy, embryology and neuro-anatomy are taught to both medical and dental students. Practical classes, tutorials and lectures are given throughout the two preclinical years. Medical students at both St. Thomas's and Guy's receive the same curriculum and sit identical examinations. Special dental anatomy is an

additional course exclusively taught to the dental students at Guy's. In gross anatomy, the emphasis is placed on learning anatomy by dissection of the human body. This is because functional significance and three-dimensional relationships are best understood from studying structures *in situ*. All students should take this opportunity to dissect the human body. The mass of information to be absorbed is daunting, but the burden is less arduous if students are able to visualise structures through demonstration by dissection. Modern anatomy courses have eliminated the detail which characterised the subject in the past. Nowadays, relevance is judged by scientific or educational criteria and according to clinical significance. Where possible the courses in anatomy are integrated with those of other departments.

Microscopic anatomy is taught by means of lectures and practical classes in which the histology and electron microscopy of tissues is demonstrated by closed-circuit television and by individually viewing tissues with the microscope. Embryology is covered by special lectures and also by integrating much of the development of systems with relevant parts of the course in gross anatomy.

The research activity of the department is divided into two broad areas, namely neurobiology and connective tissue research. Members of staff are actively involved in projects relating to bone growth and healing, processes of soft tissue wound repair, documentation of the development of bone lesions in arthritis, dental evolution, developmental neurobiology, response of the nervous system to injury and immunology of the brain. Students have an opportunity to join these research teams for project work during a one year Hons. B.Sc. course which is intercalated between the end of Part II B.M.S. and the beginning of the clinical course. The B.Sc. course is composed of three course units, one of which is a research project in an area complementary to the other two. The U.M.D.S. Anatomy department offers course units, consisting of tutorial and practical work, in Developmental Neurobiology (Guy's), Biology of Connective Tissue (Guy's), Cell Biology (St. Thomas's) and Primate Evolution (St. Thomas's). The project work is examined by thesis and the course work (two course units of your choice) assessed by examination.

Clinical Medicine

Dr. John Rees, Clinical Tutor

The clinical aspects of the BMS course are introduced in Friday afternoon Clinical Demonstrations throughout the first year. These cover basic topics such as First Aid and Resuscitation, and then go on to try to introduce clinical topics, usually with suitable patients present, and bring out the relevance of basic medical sciences to the clinical condition.

In the second year, the experience is more personal, with a chance to get "hands-on" experience in small teaching groups. The teaching consists of a weekly lecture and a clinical afternoon, examining patients in the classroom or on the wards. This will provide opportunities to build up techniques of history taking and examination, which will serve you throughout the rest of your clinical career. In the last term of the second year, the clinical content increases and integrates with other topics being taught in this term. There is also opportunity throughout the year to get your first experience of general practice.

Biochemistry

Professor A. T. Diplock, Department of Biochemistry

The curriculum in biochemistry at Guy's for both medical and dental students is designed to emphasise, from the outset, the clinical relevance of the subject. We are not concerned with teaching biochemistry as a pure scientific discipline, the relationship of which to medicine or dentistry is remote and obscure. Rather, since disordered metabolic events lie at the root of most abnormalities of function that manifest themselves as disease, we are concerned with giving students a good grounding in the basics of biochemistry in the context of abnormalities that may be seen as disease states in the clinic. The student may, at first, be rather bewildered by an apparently indigestible array of chemical reactions, but experience has shown us that, after a short time, patterns begin to emerge which gradually coalesce into an integrated picture of metabolic events. It is this integrated picture that is our goal, so that, at the end of the course, the student carries on to his or her clinical studies with a clear overall conception of metabolic events, without undue emphasis on detail which may obscure the overview which is our objective.

Those students who wish to study biochemistry in more depth may have the opportunity in intercalating a further year of study between the Part II B.M.S. examination and the clinical course, financed by the Medical Research Council. This year leads to an examination in basic medical sciences and biochemistry for the B.Sc. degree. The course consists of lectures which are shared with students from most of the other medical schools in London, given by teachers from many parts of the University who are experts in the field of their lectures. Secondly, there is a practical course and, in the Spring term, a practical project is undertaken in which students have the opportunity of familiarising themselves with a research project that is under way in the Department and of undertaking a related small research project themselves, which is written up as a dissertation and forms part of the degree examination. Following the union of Guy's with St. Thomas's, the B.Sc. course is now being run in collaboration with the Department of Biochemistry at St. Thomas's and, for the practicals, tutorials and seminars, students will spend part of their time at Guy's and part at St. Thomas's.

Physiology

Professor I. Macdonald, Department of Physiology

The Oxford English Dictionary defines physiology as "The science of the normal functions and phenomena of living things" and in this department man is the living thing of prime interest. The practical classes are almost entirely devoted to studies on man. Physiology is a science, so the teaching for both medical and dental students is not only directed towards learning how the human body functions, but it also considers the scientific method which provides evidence for this knowledge and the critical assessment of data published in scientific papers.

Two lectures are given weekly, and the type of material presented may vary from topic to topic. For instance, where the basic and essential facts are covered clearly and simply in the textbooks, the lectures may deal with areas of complexity, of controversy, or of current interest, so providing the student with a knowledge of physiology that will remain of value for many years of clinical practice. The importance of physiology in medicine is pointed out in lectures, given during the course, by practising clinicians.

The practical classes and the tutorials are carried out in relatively small groups in order to ensure that student/teacher contacts are not remote, thus encouraging a closer rapport between student and teacher. The tutorial classes encourage the development of logical thought, through the interpretation of research findings. After all, physiology is a "thinking man's" subject!

For the bright student who wishes to study the more scientific and critical role of physiology, an honours B.Sc. is available, lasting for a year after the BMS course.

All members of the department are active in research in fields which range from studies of nutrition to the growth of the incisor tooth and from the kidney to exercise.

Pharmacology

Professor R. Spector, Department of Pharmacology

Although the general arrangement of the first two years of the medical curriculum at Guy's follows a traditional pattern, the actual content is clinically orientated from the beginning. The course in pharmacology is concerned with a study of drug action in relation to human disease and the individual drugs studied are selected to illustrate the scientific basis of current therapeutic practice. At the same time, the areas covered are integrated with the development in the course of anatomy, biochemistry and physiology.

The pharmacology lectures are aimed at introducing all the main topics in the course, and the bulk of the factual content is covered in this way. Tutorials provide an opportunity for information flow in the opposite direction, so that the staff can hear how much has been derived from the course and can learn how clear their teaching really has been.

The practical classes and demonstrations are provided in order to illustrate the practical use of drugs in human volunteers and in patients.

Psychology

Dr. J. Weinman, Unit of Psychology as applied to Medicine

In recent years there has been a major growth of interest in psychological aspects of health and illness. This interest is reflected not only in the proliferation of research, but also at a practical level with the development of new clinical approaches and interventions. Whereas, in the past, psychologists tended to confine their clinical interests to psychological problems, these recent clinical and research developments have been in the area of physical illness. Thus there is an impressive emerging literature of the importance of psychological factors in the cause, process and outcome of many physical illnesses.

In addition to presenting an outline of these developments in "health psychology", the B.M.S psychology course also provides an account of "normal" behaviour, its development and its biological and social basis. For interested students, there is also a lively and popular intercalated B.Sc. course which is shared with a number of other London Medical Schools.

Sociology

Dr. D. Armstrong, Unit of Sociology as applied to Medicine

A course in sociology as applied to medicine is taught to medical students at Guy's in the sixth preclinical term. The course is primarily intended to introduce students to the social dimensions of health and illness. Specific subjects include the role of social factors in the aetiology of disease, patients' response to illness, and the effect this has on their recovery. In addition students are introduced to the organisation of health care in this country together with current issues and problems in health policy.

A much shorter course covering similar areas is provided for dental students in their first clinical year.

An intercalated B.Sc. course in medical sociology is available on an intercollegiate basis for students in their third year at Guy's.

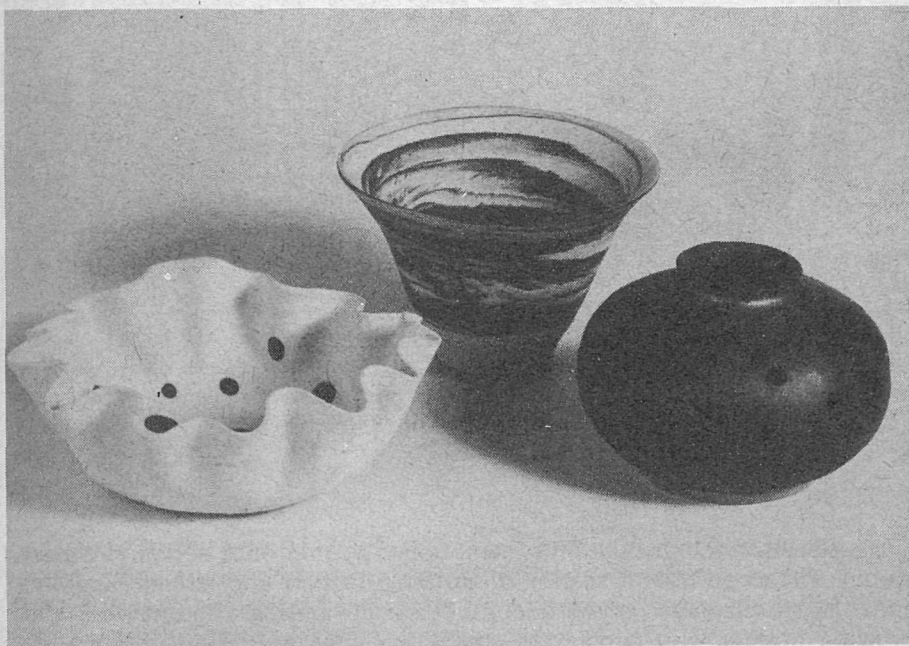
407 Art Club – Summer Exhibition

by Our Art Correspondent

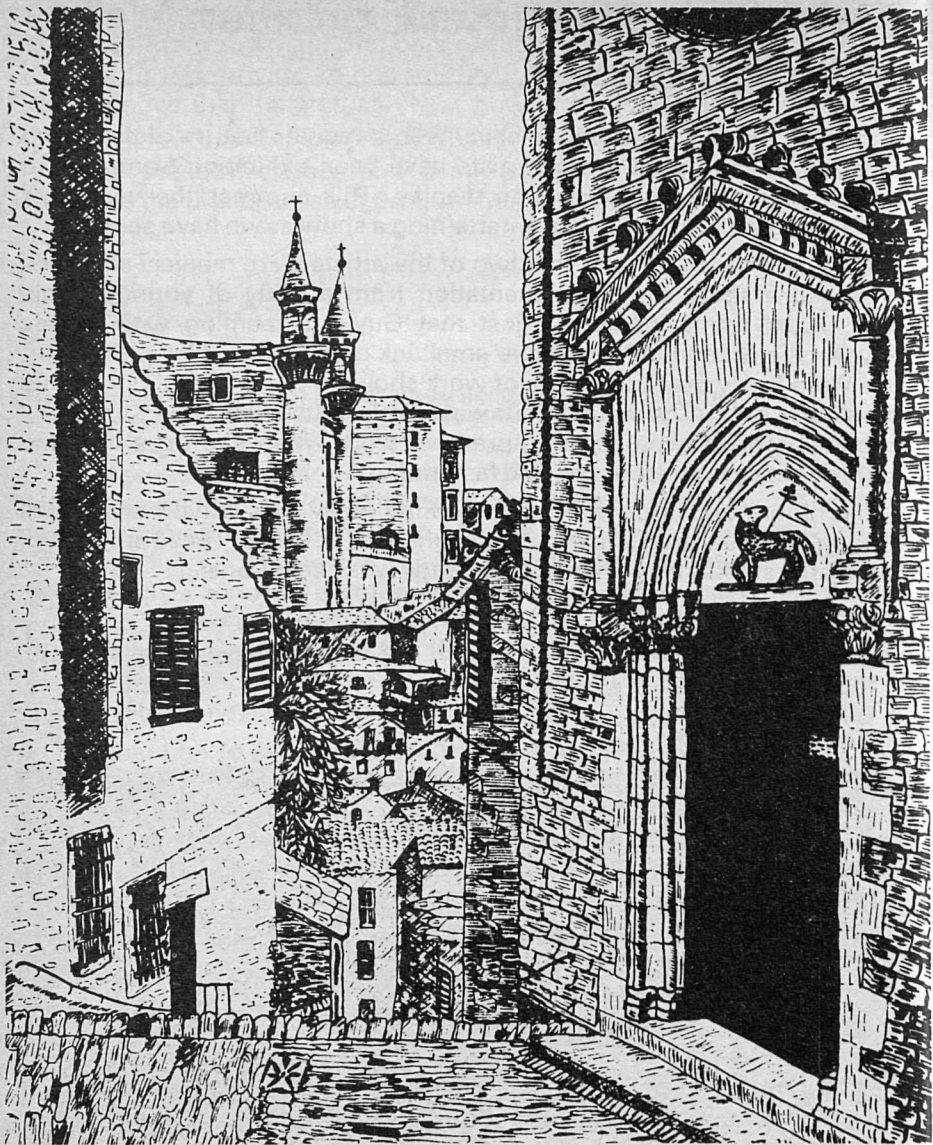
The 407 Art Club Exhibitions have been a regular feature of the Guy's season for several years. Some artists have been exhibiting from year to year, but new talent is always on display. This summer the variety of materials and styles provided as entertaining a show as we have seen.

It was a pleasure to note that two of the artists were medical students. This is still a sadly small representation from a body of young people whose UCCA forms would suggest that Guy's is teeming with artistic ability. Kirstie Gibson exhibited two small ink drawings and a watercolour. These were finely detailed pieces of work showing good draughtsmanship and a steady hand. The watercolour was a little constrained and Kirstie will no doubt produce even more impressive work when she uses line and colour in a more relaxed, expansive fashion.

The other student on show was Joanna Foley. Her crayon and pencil drawings have matured since she first exhibited at Guy's. These are now of professional standard and her portrait study was exceptional.



Three examples of porcelain and stoneware pottery by Jane Gibson.



Pen and ink townscape by Kirstie Gibson.

Terry Gibson contributed his latest holiday/conference series of water-colours. These portrayed scenes of Brittany, Dublin and Israel. His wife, Jane Gibson, displayed some beautiful, delicate pieces of stoneware and porcelain pottery. Her constantly changing styles reveal an imaginative approach and an unusual mastery of clay.

The etching of a kiwi and the meticulous watercolours of Michael Foulger were outstanding. These were very professional undertakings. The realism of the still life "Apple on a Plate" was matched by the careful drawing and colouring of the botanical study. This was art of a commercial standard and indicated once again that talent at Guy's can be found in the most unexpected quarters. Michael looks after the swimming pool.

Francis Murgatroyd showed several photographs of China and a spectacular riverscape of Leningrad. The pictures evoked many comments. Their composition in terms of light, figures and colour revealed an artistic temperament which Francis is at pains to deny. His close colleague, Helen Paterson, showed a nice homely watercolour of Lee Common. It was bright and full of summer colours. Helen's work had many admirers.

Two other regular exhibitors were Jennifer Williams and Matteo Adinolfi. The former exhibited some interesting, firey photographs which were produced by some technical secret. A photo montage included Professor Adinolfi gazing at some indefinable distant object. Matteo's linocuts and etchings were attractively designed and skilfully executed. His work is one of the mainstays of the 407 Art Club, which hopes to hold one more exhibition in 1987. Student contributors are always welcome and should contact Dr. Gibson on extension 2424. These exhibitions are held in the studio on the fourth floor of Hunt's House and more people at Guy's should make an effort to attend.

Post Crown Embedded In The Tongue

by V. Rajayogeswaran, BDS, DDPH, FDS, RCS (Eng).

Clinical Lecturer in Oral Surgery

This paper reports the fate of a bonded post and porcelain crown which had been dislodged by a road traffic accident and was subsequently found embedded in the tongue.

Introduction

Trauma to the anterior teeth may leave broken fragments or even an avulsed tooth embedded in the lips. Tooth remnants embedded in the tongue are less common. Trauma to the tongue occasionally involves a through and through laceration. Several cases of tooth fragments in the tongue have been reported in the dental literature. McDonnell and McKie-man¹ (1986), Allen F.J.² (1981) and Snawder, K.D. et al³ (1979), and in an

unreported case, a "whole tooth", a lower canine, was avulsed and was found embedded in the tongue. This patient also sustained multiple facial bone injuries.⁵

The following case report appears to be the first example of a post crown tooth being embedded in the tongue without the patient even being aware of its presence.

Case Report

A fifty-nine year old Caucasian male was referred to the Oral and Maxillo-facial Unit at Lewisham Hospital by his general dental practitioner for investigation and treatment of a hard, painful swelling in the right anterior third of the tongue.

The patient gave a history of being involved in a road traffic accident two weeks previously. The injuries he sustained included a small wound on his right leg, and bruising and abrasion on his right trunk and arm from the fall. He had no facial soft tissue or bony injuries, except the loss of ²post crown. His lower partial denture was not damaged. He had assumed that the crown was lost at the site of the accident.

The examination revealed no facial swelling and no marked lymphadenopathy. Intra-orally, the following teeth were present:-

7	54321	12	45
	432	23	

The lower denture carried the following teeth:- 65 11 456. No soft tissue injuries were seen. A lump was felt on the right side of the anterior third of his tongue, which was tender to palpation. A recent 9mm scar was seen on the right half of the ventral surface of his tongue.

A soft tissue occlusal radiograph was taken with the tongue stretched out. This revealed a complete post crown lying embedded within the tongue tissue. The post crown was retrieved from the dorsal surface of the muscle bed of the tongue under local anaesthesia and recovery was uneventful.

Discussion

This case illustrates the complete penetration of the soft tissue by a dental crown which remained within the tongue. The patient had no knowledge of the impact and one can only assume that the shock of the accident may have contributed to the lack of awareness.

This case indicates the necessity for soft tissue radiographs where missing teeth or tooth fragments are possibly embedded in lacerated wounds.^{1,2,3} Consideration should also be given to the use of chest X-rays, particularly if the tooth or tooth fragments cannot be accounted for elsewhere.



Post Crown embedded in the tongue. Occlusal view.

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Mole and Ratty

Ratty

Not much was happening at The Hospital as nearly everyone was on holiday. So Ratty invited his old friend Mole to come and see what was going on at his home-on-the-river-bank. They strolled along St. Thomas Street and turned up the Borough High Street towards London Bridge. Arriving at the square and shiny new building on the south end of the bridge Ratty started to descend the steps to the walkway below. He was very surprised when the aging Mole suddenly jumped on to the hand rail and slid down at great speed to the bottom. This was hardly the way for a senior and respected member of the local community to behave, he thought, and it was clear that a group of foreign students, climbing the steps, thought so too, as they were very startled.

Fortunately, Mole landed on the footpath without injury and, cackling with laughter, he grabbed Ratty's arm as they set off to explore. The view of the river was so stunning and the dirty, brown water looked so inviting that Ratty was tempted to have a dip, but Mole was against it. "Come on

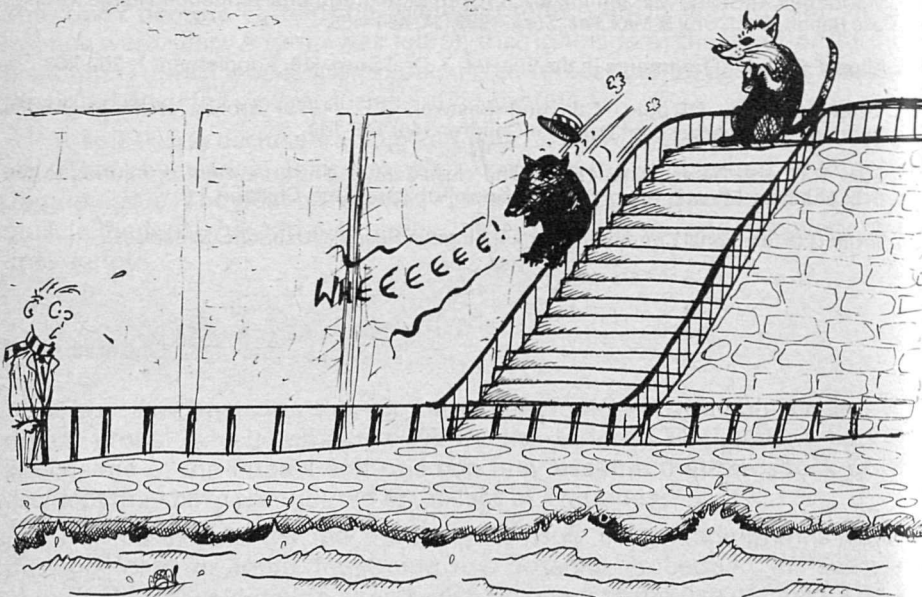


Fig. 1. Mole and Ratty visit London Bridge City.

Ratty!" he said "Let's go and see the Galleria." But first they passed the London Bridge Hospital and peering through the windows they saw the kitchen. "Odd", said Ratty, "I've never seen a hospital kitchen as clean as that."

Further on they slipped through some glass doors to find themselves on a floor as shiny as an ice rink surrounded by high walls of glass housing, apparently offices as yet unoccupied. In the lobby was a rock garden with palm trees and a waterfall. Mole hadn't encountered such opulence before and wondered if these were to be the new headquarters of the Regional Health Authority. Leaving this giant greenhouse and turning towards HMS Belfast they came to the Galleria. As they gazed upwards they saw, high above them, the tall, glass roofed arcade covering rows of shops and, in the centre of the piazza, an exciting mechanical ship emitting jets and sprays of water while trying hard, by means of moving oars and rotating paddles, to break from its mooring and head for the river. All this expenditure of energy with so little movement reminded Ratty of something he'd heard of called "Phase Three".

Thinking of Phase Three made Ratty realise he hadn't told Mole of a special assignment for which he, Mole, was likely to be needed. Ratty had heard that around the base of the Guy's Tower excavations were soon to start. Before the big digging began the archaeologists were to be allowed on the site and they would need help. An expert tunneller like Mole was just the person, he thought.

Mole

Mole was aware that he was being portrayed by his young friend Ratty as a fun-loving Mole whooping it up (and down!) on the Riverbank and playing to the Galleria. This is exactly what he wanted. It was the perfect cover for his underground activities, a role which Mole took most seriously. His base, as always, was the Park, which was looking particularly attractive at this time of the year apart from the usual pile of abandoned scaffolding. From this vantage point he could continue to keep his watchful eye on what was going on at the old Alma Mater. He would unearth the facts underlying any unusual happening, and report the findings to the interested readers of this Journal.

On this occasion he saw signs of entrepreneurial activity. The authorities had let it be known that operation "Exploration Phase Three" was in operation, but this was a cover up. Mole with his great experience of tunnelling knew that a clandestine operation of drilling for oil – code-name "Pipeline" was in progress (Fig. 2). This was no doubt designed to compensate for the financial difficulties caused by the cut-backs and to provide



Fig. 2. "Operation Pipeline" – Going for a Gusher at Guy's?

more Power for the Tower. Although highly speculative he wished it every success. In a less frequented area a telecommunications system was being developed that was so advanced that it would put British Telecom in the shade (Fig. 3). Surely it would encourage a rush of investors wanting a slice of the action and provide plenty of the readies which the place was so short of.

Mole was greatly encouraged by these examples of private enterprise and hoped they augured well for the future. Mole would never cease to keep watching and to keep the information flowing, like the oil! (as well as having a good time now and again – just as a cover!)

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

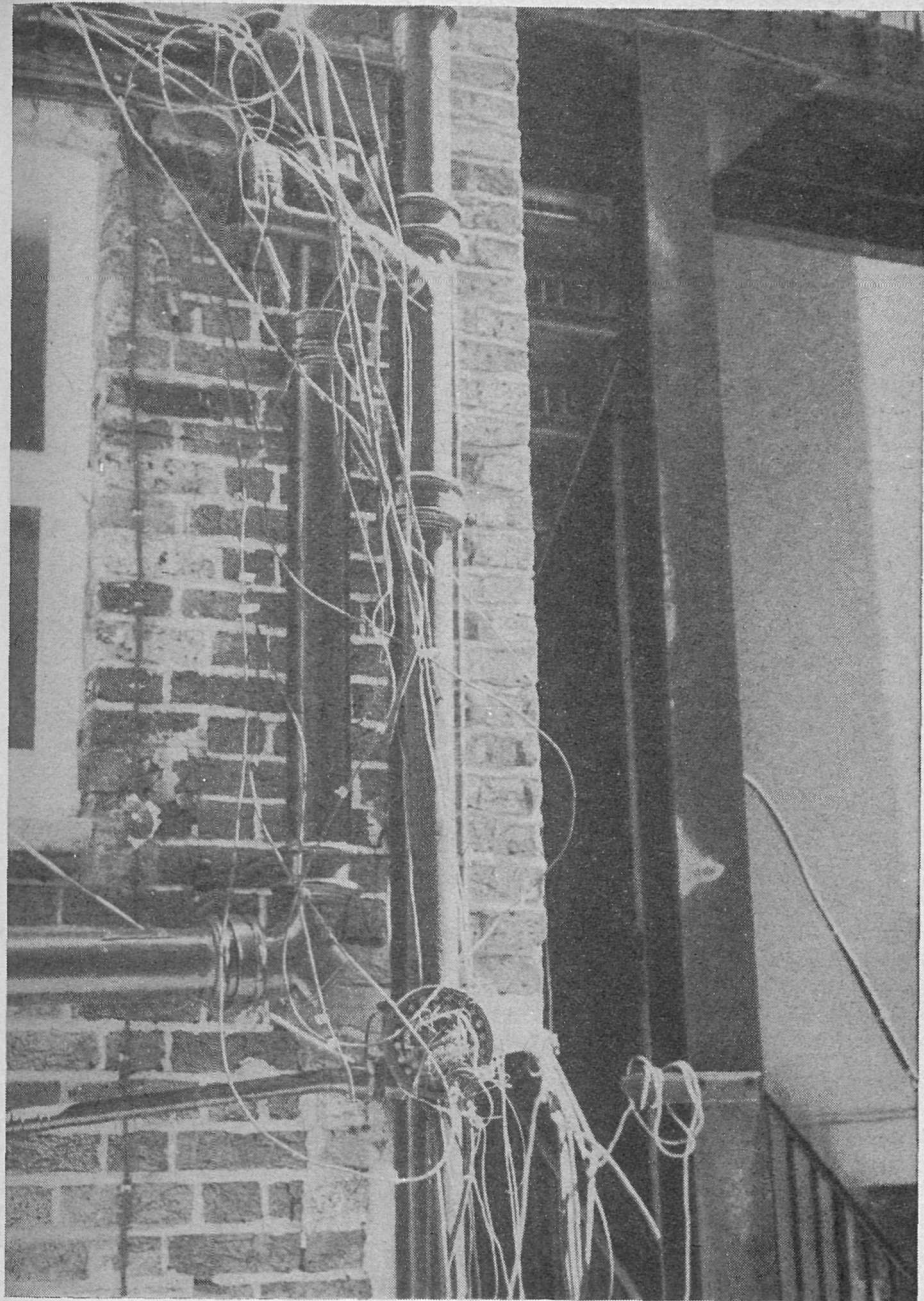
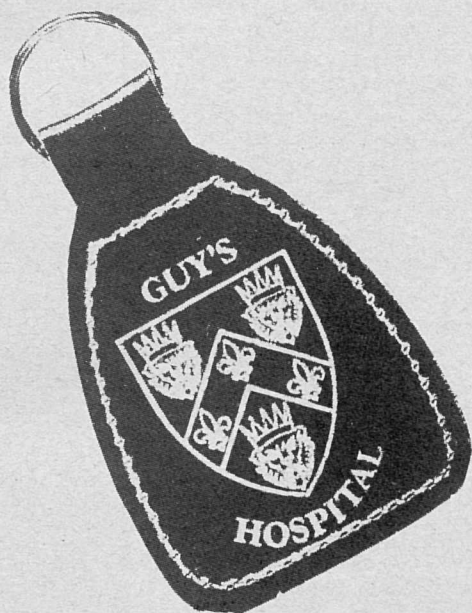


Fig. 3. Guy's Advance on the silicon chip?

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Medical Ethics Teaching At Guy's

by Phil Steadman

At the moment, teaching of medical ethics at Guy's is almost non-existent. However, recently, it has been proposed that we should follow the practice of many other UK Medical Schools and include a short course on this subject.

In an attempt to estimate student opinion, all the first year clinical medical students were given a questionnaire in March. (It is not claimed to be a true statistical sampling!)

Sixty-one of eighty-five replied. The results were as follows:

Q: Would you like to be taught medical ethics?

Yes (51)

No (9)

Don't know (1)

Q: Should it be included in: BMS (6)

Clinical (26)

Both (19)

Q: Should it be taught by: Clinicians (11)

Non-clinicians (0)

Both (40)

Q: Should it be examined? Yes (9)

No (39)

Don't know (3)

Q: Should it replace something already in the syllabus?

Yes (4)

No (47)

Q: Is there any particular topic that you would like to see included?

No obvious consensus. Examples mentioned: medico-legal, euthanasia, abortion, under-age sex and the pill, private medicine and the politics of the NHS.

Q: Any further comments? Generally, the students were not keen about being lectured at, especially if the speaker was obviously biased. They much preferred difficult case-orientated discussion groups where the case for the more controversial viewpoint was properly brought out and the orthodox view challenged. "Waffly" conversations on common-sense issues were not wanted. The cases would need to be real-life situations which they could learn, especially if they concerned difficult legal points.

In conclusion, there is obviously a majority for a course of this sort with much agreement on many issues. I think the only real places it could fail would be either if it became a soap-box for a lecture purely on one person's view or if the students did not feel intellectually challenged.

TRY OUR SHORT ORAL TEST



1 What has a really comfortable grip?

- ☐ (a) The Boston Strangler
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.

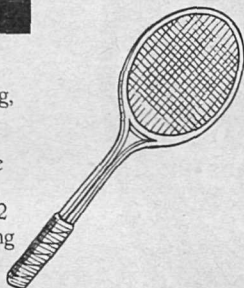
4 What has a dense brushing surface?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.



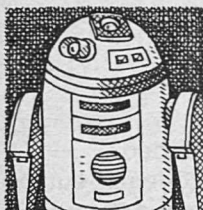
2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.



5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

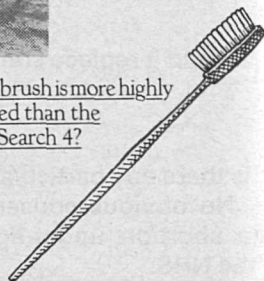


3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



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Founding Days of Physiology at Guy's Hospital Medical School

by **Caroline Richmond**

History of Medicine Unit, Anatomy Department,
University College, London

Guy's had one of the first physiology departments in Britain, as well as one of the best. It also had a nearly all-star cast: before World War I it boasted Frederick Pavy, Philip Pye-Smith, Leonard Wooldridge, Ernest Starling, Frederick Gowland Hopkins and Walter Seymour Pembrey. Although only Hopkins got a knighthood and Nobel prize, all were distinguished; Wooldridge died too young to fulfil his promise and Starling was Britain's greatest physiologist.

These four, incidentally, all had interesting relatives: Sir Frederick Gowland Hopkins's father was first cousin to Sir F. A. Abel, an expert on the chemistry of explosives, and to the Jesuit poet Gerard Manley Hopkins. Hopkins's daughter is still alive: she is Jacquetta Hawkes; thus J. B. Priestley, her late husband, was Gowland Hopkins's son-in-law. Wooldridge married Florence, daughter of Sir Edward Sieveking, distinguished surgeon of St. Mary's Hospital and physician to Queen Victoria and the Prince of Wales; after Wooldridge's death, Starling not only got the job he vacated, he also married his widow. And Starling's sister Gertrude married William (later Sir William) Bayliss. Walter Seymour Pembrey was the grandfather of the clinical geneticist Marcus Edred Pembrey, who is also a Guy's graduate.

Guy's was in at the beginning of modern British physiology: Pavy and Pye-Smith were founder members of the Physiological Society, attending its first meeting at John Scott Burdon Sanderson's house, 49 Queen Anne Street, on 31st March 1876. Of the 20 people present, only about half were working physiologists, but all were interesting: the group included George Henry Lewes, better known as the man that George Eliot spent 24 years of her life with, and Thomas Huxley and Michael Foster. It was Lewes who convinced Cambridge University that they needed a school of physiology, and Huxley who recruited Foster to found that school. George Eliot and George Henry Lewes return briefly to the Guy's story later. The only other London medical schools represented at that meeting were University College and King's.

Frederick William Pavy was born in 1829 and was a working physiologist, on and off, for nearly 60 years, until a few weeks before his death in 1911. H. C. Cameron, in *Mr. Guy's Hospital*, says

Frederick W. Pavy was of French extraction and his father had come to England only shortly before his son's birth. His great-uncle François Pavy had suffered at the hands of the Revolutionary Tribunal of the year 1793. Educated at the Merchant Taylors School, he was later placed in the office of a business firm, from which he

escaped to enter Guy's in 1847. He graduated at London University [now University College] and if, unlike most of his colleagues, he won no gold medals, his failure is explicable; he was contemporary with Joseph Lister of University College Hospital, who annexed them all. From the first he turned to work in the laboratory, and as early as 1853 he published in *Guy's Hospital Reports* his first paper on the subject he was to investigate all his life, 'Saccharine matter, its physiological relations to the economy.' He had studied after qualification for some time in Paris and there had the distinction of being selected to assist Professor Bernard in his experimental investigations. At Guy's he was made lecturer both in physiology and in comparative anatomy. The latter he soon resigned but he continued to lecture in physiol until 1877 . . . If he never neglected his clinical work and his teaching, he cannot be said to have excelled in either. But in the laboratory with steady persistence he continued his fruitful labour, not a little to the wonder of his colleagues. "What sin", asked Gull, "has Pavy committed or his father before him, that he should be condemned to spend his whole life seeking for the cure of an incurable disease?" But if he found no cure for it, he taught the profession all that was known about the dietetic control of diabetes. In 1863 his work was rewarded by his election as a Fellow of the Royal Society, to which he had made many contributions.

At Guy's, so long as he held the lectureship on physiology, he worked in the laboratory of the little physiology dept which opened off the dissecting room. Later he was accommodated in a laboratory fitted up for him at the foot of the great staircase of Hunt's house and which afterwards became the room of the medical registrar. Today [1954] a block of lavatories stands on the site . . .

Pavy was a man of distinguished appearance, always faultlessly dressed. His fine brougham, brown with red wheels and a pair of well-bred black horses, which he always bought himself at Tattersall's, grew to be a familiar sight as it waited long hours outside the door of his laboratory. His dinner parties were famous for good food and wine. Music and the opera were his favourite relaxations. He was a good friend to the students and the Pavy gymnasium – which he built and which when he died endowed – keeps his memory alive. I knew him in his last years, shrunken, bent with age and very deaf, but still a distinguished figure.



F. W. Pavy



E. H. Starling

Pye-Smith shared physiology teaching with Pavy from 1871, and took sole control of it in 1877, the year that Guy's got its first proper physiology lab, with research facilities. In 1879, Cuthbert Hilton Golding Bird, whose bust is on the ground floor of the Medical School outside the library, took over the teaching of practical physiology. Gowland Hopkins, in his *Autobiography*, comments on how perfunctory these were, and how Golding Bird would tell his clinical students to forget all they'd previously heard in physiology lectures.

Leonard Charles Wooldridge appears to have entered the department in 1882 – the records aren't clear. This brilliant young physiologist, who died in 1889 aged 32, probably of ulcerative colitis, did pioneer work that still stands today on the chemistry of blood clotting. We know that in November 1882 the Royal Society gave him a £30 grant, the first of several, to study the physiology of blood, especially white cells, and that from 1882 to 1884 he held the George Henry Lewes scholarship, the most prestigious physiology scholarship of its day, set up by George Eliot in memory of the man she loved. In 1883 he published two *Journal of Physiology* papers from Muller's laboratory at Leipzig; both are on the coagulation of the blood, and both remain as classics. He got a D.Sc. in 1881 and M.D. in 1886, the year in which he also gave the Croonian lecture on blood coagulation. He worked in Leipzig for a while under Ludwig (says Starling's *Lancet* obituary to him), and translated Heidenhain's *Hypnotism or Animal Magnetism 1888* from the 4th German edition. After his death Horsley and Starling published his collected papers *On the Chemistry of the Blood, etc. 1883*.

By the session 1884/5 Pavy and Pye-Smith were both full Physicians; Golding-Bird taught physiology and general anatomy; and Wooldridge taught practical physiology thrice weekly in winter. The brightest up-and-coming student was Ernest Henry Starling: he won the second and third year prizes and the Physical Society prize as he rose through the school, and spent the summer of 1885 in Heidelberg working under Willy Kuhne, a pioneer of digestive physiology whose interest in the subject was, incidentally, not exclusively academic: Sherrington described him as very jolly and very fat, and it was said that his dining table had a semicircle cut from it to accommodate him.

In 1889 Wooldridge died; Starling took over his job and was initially paid £15 p.a., which wasn't much even in those days. In the days before UGC grants, medical school staff were paid entirely from the revenue from student fees; most of the academic staff got a percentage share of the total rather than a fixed fee.

Two years later Starling was to marry Wooldridge's widow, Florence, daughter of Sir Edward Sieveking. Three years after that, in 1893, Starling's sister Gertrude married Professor William Bayliss of University College.

The student who was the new rising star by now was Frederick Gowland Hopkins, a former clerk and chemist. Hopkins had disliked his original career in an insurance office and took articles with an analytical chemist; when he got a small legacy he spent it on a chemistry course. At

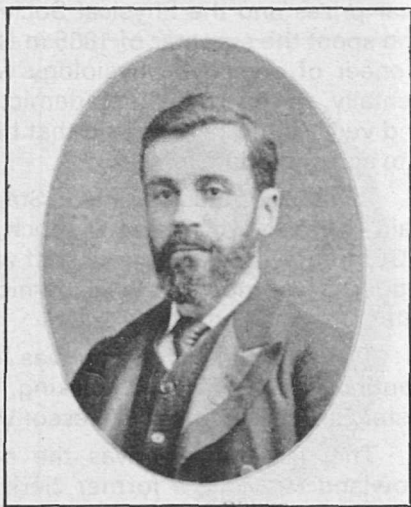
University College he was noticed by Sir Thomas Stevenson, lecturer on forensic medicine at Guy's, who took Hopkins on as his assistant. Hopkins took a B.Sc. by private study while doing this, and in 1888 entered Guy's on the Gull research studentship. Lacking private means, he always had to take on additional part-time duties to make ends meet, but despite this produced superb research work right from the beginning.

Also at Guy's at this time were J. W. Washbourn, who worked with Hale White and J. S. Haldane on animal calorimetry and later became pathologist and assistant physician to Guy's; and William Hale White, who later became Sir William and hyphenated his last two names. Though not in the physiology department, he nevertheless published several papers on neurophysiology in the *Journal of Physiology*. He also published a pocket-sized *Materia Medica* which stayed in print for decades and went through numerous editions.

(to be continued)



J. W. Washbourn



W. Hale White

Physiotherapy

While every sensible person is sun-kissed on a distant beach – or rain-washed on a nearby one – the third week of August has produced its usual hectic round of letters, phone-calls and personal visits in the wake of publication of A level results. It coincided this year with the Part I re-take examinations, so what should have been a peaceful period of catching up with non-urgent paperwork and desultory preparation for the next academic year, turned instead into one of frenzied activity mixed with exultation and despair.

Anyway, the deeds have been done and the final offers confirmed and accepted, so the 1987 intake of the School of Physiotherapy is poised ready to hit the Park in mid-September. As has become customary, it contains a sprinkling of men – I was going to say a leavening, but that might be deemed sexist – and it has a handful of mature students, so in theory it should be the same mixture as before. In practice, though, it may be quite different, and it is extraordinary to watch how the differences develop as the course goes on, despite the similarity of the ingredients.

Guy's Hospital Gazette



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THANK YOU FOR YOUR CO-OPERATION

What will assuredly be changed this time is the course itself, as we are about to embark on our own internally-examined, externally-moderated programme. We have gradually been moving over towards the new format in the last eighteen months, but this will be the first group to experience it from the beginning, as the students already in training, who will be starting their third and second years, will still take the external Part II examination in 1988 and 1989 respectively. Five of the potential second year must wait until the Friday before the School resumes to know whether their Part I retake has been successful, and we will start the term with half a dozen Part II re-entrants left over from the Summer's exams and re-sitting at the end of September, so there are untied ends and anxieties still.

The to-date qualifiers did well, accumulating 13 distinctions and 5 merits in the July pass-list, which compares well *pro-rata* with the excellent 1986 results of a set half as large again.

Radio 4 listeners to the Today programme may have heard of or participated in the Best of British Youth competition. One of our students, Clare Lewey, was a finalist, and was eventually placed fourth on the basis of listeners' votes, for the work and fund-raising she did and still does for the handicapped in the Sudan.

Early warning of a date to make note of – the 75th anniversary celebration of the founding of the School is booked for Saturday, July 9th next year. Reminder of another closer to hand – the G.H.P.A. meeting on Friday, October 23rd.

Ronald Cooper



London's Waiting

Guy's, in common with London hospitals generally, is suffering from an inability to attract nursing staff in sufficient numbers owing to the pecuniary problems of living in the capital. It is all very well for London hospitals to advertise for staff by adding the carrot about all the cultural activities going on in and around the big city, but how can a Staff Nurse on £7,300 a year afford to enjoy any of these, after paying the rent, except on complimentary tickets offered occasionally like charity to the poor? Guy's is attempting to redress this problem possibly by making available some cheaper accommodation: surely it is no surprise that the crisis the capital's hospitals are suffering follows close on the heels of the closure of many nurses' homes and cheap hostels.

Ironically, while London and the South-East cannot find enough nurses, the North-South divide rears its ugly head in the form of unemployed nurses at the other end of the country. My attention has been drawn to a whole front page article in a recent issue of the *Morning Star*, which outlined the problems of an entire school of nurses in a Northern town for whom there were no jobs after passing their final examinations. Refusing to follow the advice of Norman Tebbit, presumably because they have no post-registration experience and cannot afford to live in London, even if they so desire, they are left to join the dole queue, just when our hospitals are needing the skills they have expensively learnt.

Apart from the dreary repetition of how poorly all nurses are paid, there remains the paucity of NHS London Weighting compared with other public, not to mention private, employers. Staff working in banks as far afield as the Isle of Wight are now entitled to London Weighting! Now, as Rose, Kay or Betty cash our meagre cheques, they may smile when they compare their London Weighting with ours, even though they may sympathise. But when, to repeat an old cliché, did sympathy ever pay any bills? The prospect of the Poll Tax also being added to resident nurses' pay deductions has only added to the list of horror stories about hard-up nurses.

The difficulty of obtaining a place to live at an affordable price in London is undoubtedly brought home to many young people looking for a room as a "fresher" in London at this time of year. But nurses who remain to work in London after training want to see some return for their efforts. The chance of them buying a house or flat are minimal in view of the soaring price of property in the area. Living in a garret on dry bread may do wonders for the creative imagination, but for those who tend the sick, a culinary creation is more to their taste.

Nurses grumble about their pay, and many leave the profession or go abroad to practise as a consequence. But why should this be? It is only the idealism of the young that provides the image of nursing as a vocation: Project 2000 has warned that even this source may dry up. Caring for people is probably the most common reason given by young people for wishing to enter nursing: if the interviewee said that he or she wanted to become a nurse in order to make money, apparently a quite acceptable objective in many careers, they would not get in, on grounds of insanity. Why not be honest, and just say, we enjoy being poor? Is masochism a necessary ingredient to become a nurse?

Denis Cobell

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Book Reviews

Aids to Paediatrics for Undergraduates. Alex Habel. 100 pp. £4.95. Soft Cover. Churchill Livingstone.

This book is an addition to the well known series of revision aids for medical students coming up to finals. It covers the strictly medical problems of childhood very well, but paediatrics is about child health as well as child disease and the social and community aspects of paediatrics are not really dealt with, although students can expect to be examined on them. Like others in the series the book is basically a series of lists, with each item briefly expanded and concentrates on the causes of various symptoms and physical findings. This sort of thing can certainly be a great help when revising for examinations. However, some of the entries are so brief that I found them slightly confusing. The standard short text books on paediatrics are little bigger than this book and are all very good, they can easily be read through quickly in the few days before an examination for revision and contain the information in a rather more palatable form. In addition, I feel that lists that one has drawn up oneself are more likely to be remembered than those prepared for you. I personally would not have found this book particularly useful as an undergraduate, but those who like this particular approach will find it useful.

VIVIENNE VAN SOMEREN
Lecturer in Paediatrics

Oral Pathology. R. Cawson. 143 pp. £7.95. Soft Cover. Churchill Livingstone.

This pocket sized book of some 140 pages is one of a series of books given the title "Colour Aids in Medicine" and in this case "Colour Aids in Dentistry". The series title was of course chosen some years ago before the term was taken up elsewhere.

The book is divided into 26 sections with 258 colour pictures of the histology of 111 conditions. These range over the whole field of Oral Pathology, from developmental defects of teeth to tumours, granulomatous diseases and systemic sclerosis. Each right hand page has between 2 and 4 colour photo micrographs showing the characteristic histopathology of each of the conditions, with the text on the left hand page. The text is clear and concise but, because it is so short, the author has of necessity resorted to didactic statements, some of which other workers in the field may find debatable. The inclusion of so many photo micrographs in a small book is ambitious and, not surprisingly, the occasional one appears out of focus (e.g. giant cell epulis Fig. 193) or appears very dark (e.g. Fig. 164) and thus the detail is not clear. Nevertheless, overall the publishers can be congratulated on excellent reproduction and, in spite of the small size, in all the relevant histological features are apparent.

These days publishers think of books at three levels. Those recommended as major textbooks and basically for staff, those which are textbooks for students, and those shortened versions for quick reference. The Aids series clearly comes into the latter category and the excellent production in this book and the clarity of text will make for easy reference to most pathological conditions of the oral cavity that students or staff are likely to see or, indeed, need to know about for their examinations. The publishers' blurb on the back of the book suggests that this series is ideal for self study. That would seem to be more appropriate for psychology but certainly this book can be recommended for dental students and, indeed, for any health science students who have any interest in oral pathology.

At under £8 a book, it represents good value for the wealth of illustrated material contained in it.

S. J. CHALLACOMBE
Dept. of Oral Medicine and Pathology



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There has been much correspondence recently about the decline of sport at Guy's. This point is arguable since most people's yard-stick appears to be the results of the 1st XV alone and not those of other clubs. If the 1st XV is doing well then people say that sport at the Hospital is on the up. If, on the other hand, their results are poor then people assume that the other clubs must be doing just as badly as the rugby lot.

However, let us assume that sport is on the decline. Many put it down to an inappropriate selection policy, arguing that there is a stronger correlation between good sportsmen and good doctors than between those with good 'A' levels and good practitioners. This may or may not be true. However it is a sad fact that there are many good athletes who choose not to play sport on joining the Hospital but tend to spend their Wednesdays/Saturdays in pursuit of less arduous activities. Why is this so?

First it appears that the 'decline' of sport is a vicious circle, i.e. results worsen so the new intake decides not to play. This leads to poorer results This cycle must be broken. Many would say that the best way to do this would be to change the admissions policy. This is the easy way out. It is much harder to admit that there are good sportsmen at the Hospital who aren't involved in any of the clubs and try to persuade them to play. How can this be achieved?

The Freshers' Fair is most Freshers' first good look at the options on offer. If a particular club is interesting to a Fresher then he will join that club. All too often this event degenerates into a shouting match between the constituent clubs punctuated by the odd ripe tomato, with very little interest being shown in the Freshers. The general opinion seems to be that this Fair is put on for the benefit of the stall-holders and not for the new intake. The only people who sign on at these occasions are the already committed gamesmen who know exactly what sport they want to play. There also appears to be a sad lack of information of the type needed concerning the club. Most

clubs' selling points appear to be the amount of alcohol drunk after the match and not the performances.

A second point is that clubs seem interested only in the best players and pay little attention to the "happy amateurs" – the average sportsmen who are keen to play but are in need of some encouragement. There must be many of the above who feel that they are not quite up to first team standards but are keen to play. Too often a club's hierarchy gets cliquey and their attitude discourages rather than encourages. How often do people turn up for the trials only to be discarded until the team is desperately short of players when they are asked to play at short notice because of some supposed loyalty to the club? It is very important for a person to feel they are a part of the club and for them to be involved on a regular basis.

Captains, officials, and regular players – don't heap all the blame on the admissions tutors; don't think that "the Freshers are a particularly poor lot this year". There are people keen to play out there; go and find them!

As a footnote, it has been brought to my attention that a former member of Guy's 4th XV (1982/83) played at full-back for the All Blacks at the recent World Cup – one of the "Happy Amateurs" perhaps?

Tennis 1987

The tennis season started in April with an encouraging turnout for a practice at HOP – most of whom were physios, who later were to prove to be the backbone of not only the ladies', but the men's team as well.

The men's team won 3 of their 5 league matches, but lost to Charing Cross in both the mixed and men's UH Cups. Turnout for the men's team was at times disappointing, and, in a friendly match against the Law Society, the opposition were most amused to find that the Guy's "Men's" team contained very ladylike physios (thanks to Kate and

Phil once again). The ladies won all their league matches, and lost in the quarter final of the UH Cup.

The summer festival friendly mixed-doubles tournament was as popular as ever, despite the gale force winds and waterlogged grass courts! Russell Smart and Rowena Bevan beat Earl Read-Ward and Di Bradley in the final, to collect the prizes, courtesy of Dunlop-Slazenger International Ltd. Later in the season, Mark Appleby and Kate Williams won the London Hospitals' Open Mixed Doubles tournament at Cobham.

The AGM-Dinner gave the best turnout of the season, washed down well with plenty

of alcohol. Thanks to Phil for her demonstration of the various positions double-jointed physios can get into.

Mark Appleby is moving on to be captain of UH tennis, and the Guy's Men's tennis captain next year is Mark Sopher, with Kate Williams taking over the ladies. A move to form a UMDS team has still not yet proved popular, so I hope we will have plenty of keen tennis players next year.

Results:

Men	League	won 3 lost 2
	Cup	lost 1st round
Ladies	League	won 6 lost 0
	Cup	lost Q-F

M.A.

U.M.D.S. ATHLETICS CLUB



University of London Champions 1987

Back row: L. Curtis, K. Powell, T. Phillips, R. Simon, D. Yu, E. Elson, J. Reid, K. Williams.
Front row: J. Kitching, M. Scrutton, Professor I. R. Cameron, Professor T. J. H. Clark, K. McGlashan, N. Monaghan.

Not present: J. Sims, T. Husseyin, R. O'Donnel, S. Dean, L. Carter, C. Peacock, J. Dutton, K. Barnes.

The First Peking Ironman Triathlon Championship

"To be a real hero a man must walk on the Great Wall" – an old Chinese saying. Triathlon is a relatively new sport requiring the individual competitor to consecutively swim, cycle and run for long distances. If you then add to this a few more difficulties, like going to a country famous for bureaucratic inefficiency, where no experience of organising such an event exists, at a time of year when the sun is scorching then you've got a real challenge.

A team partially sponsored by New Balance, and including the two top female triathletes in Asia was invited from Hong Kong for the inaugural Beijing Hayijan cup triathlon. My own record of 7th in the 1986 H.K. championships guaranteed me sponsorship to the value of a 'Team New Balance' sports shirt!!

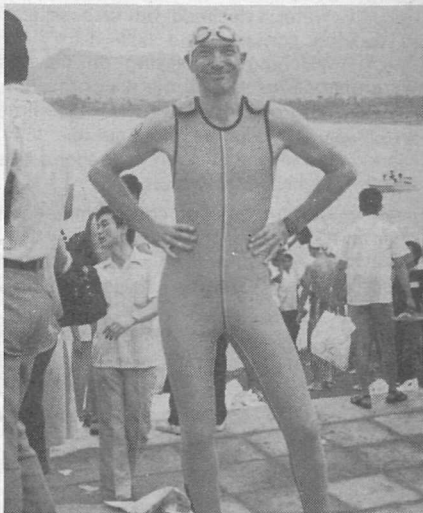
We flew to Beijing by Cathay Pacific's weekly flight, avoiding the infamous CAAC (Chinese Airlines Always Cancelled!!), and had our bikes safely encased for the trip. On arrival at the official hotel, the Hua Du, we were met by a bevy of grinning officials all of whom were introduced, and gave a short speech which was translated. We met the Japanese team and were then sat down to sign away any insurance rights we might have. It was explained that any Chinese athlete who injured a spectator was covered up to 10,000 RMB; we were not covered! We could refuse to sign the six page document, which we were informed, was correctly translated. But of course we could not then compete; we signed reluctantly, partially comforted by the assurance that 3,000 soldiers would be controlling the crowds.

We were also handed a programme in which only my name, of all the overseas competitors, was printed correctly. It also contained two pages of competition rules such as: "14. Only the competition department has the right of explaining the rule. 16. Any other matters not provided for under these regulations will be notified late."

The next morning after an interesting imitation of an American breakfast we were taken to see the course. The swim was to be 2 kilometres in a reservoir used as a boating lake, 30km outside the city centre. The water was not cold as predicted. The cycle was to be 100km on roads mainly through farmland. In three areas the road was not surfaced. The run, a full 42km marathon, took us to within sight of a segment of the Great

Wall. It was to be on roads again partially unsurfaced, and very dusty in the dry heat.

We all had wetsuits for the swim (see photo) which gave added buoyancy, and, having signed away our lives, our manager insisted we be allowed to wear them. In consequence the Hong Kong squad were amongst the first out of the water. Arguably we false started, but as we couldn't understand any of the pre-race announcements and had 200 Chinese swimmers behind us on the shore, we weren't going to check if it was the right gunshot, and not an impromptu execution! The course was triangular with two tiny buoys marking turning points, I was



out of the water in 26 minutes (so it was only 1500 metres!!). Out of the wetsuit, on with the huge thick cotton cycle shirt, provided by the organisers, emblazoned with the sponsor's logo – a Japanese cigarette brand. The early rough roads favoured local riders on sturdy 'Flying Pigeons', but out on the highways the racing cyclists came through. I was passed by Chinese cyclists draughting in packs. It was cloudy and around 28°C, so I was keeping my fluids up from the water bottles on my bike and eating jelly beans and dextrose sweets, having been unable to buy the bananas much prized amongst triathletes. A back tyre puncture with 15km to go on the course meant I had to change tubes. A huge crowd gathered and cheered me on. The cycle ride was memorable for the 3000 soldiers who lined the route and did control the enthusiastic crowds which included groups of

schoolchildren who chanted 'Ironman' and 'more oil'!! I finished in 3½ hours; a passable time considering the puncture stop. Worryingly, the sun was now out and it was over 30°C in the mid-day sun.

I had the early psychological boost of catching the only Japanese to overtake me on the cycling leg, and then at the 5km marker the only Chinese woman to overtake me (chauvinistic, yes, but she had been draughting behind a pack). By half-way I had seen all my team mates heading back and I was starting to flag. I was carrying water in a bottle in my waist bag, which I refilled where I could. At 25km a 'Doctor' at an aid station offered me some Chinese red wine or some hot salty water. I declined, but was reduced to walking some of the last 15km. The crowds watching or passing on bicycles were marvellous, giving me water to drink, as well as throwing it over me!! One little girl insisted I take her coconut ice lolly. When it fell off the stick on my second bite her father insisted I take his!!

My marathon time of 4hrs 20mins was over an hour longer than my previous best. But I had finished, and 8hrs 20mins was a good time over this course. I was at the back

of the Hong Kong contingent. We had all finished, one had collapsed near the end, but had recovered before I eventually did. The two girls had come 1st and 2nd in the womens race, and we had a 5th in the mens race. We had several enamelled vases as trophies. I was awarded a towel and sports bag. Chinese took the first four places – not surprising when we learned they had put their 25 leading triathletes (selected after a closed race they held in Hainan) into a training camp for 6 months.

Next day we were off up the Great Wall, down the Ming tombs, and later around Tianamin square and the forbidden city (Imperial Palace) and an exhibition of some of the terracota army from Xian. We were also invited over to the British Embassy, where they have a pub called the Bell.

Subsequently we have been invited to another triathlon in Shanxi, expenses paid and cold water promised. I am concentrating on the Hawaii Ironman at Kona in October. It consists of a 2.4 mile swim, a 112 mile cycle and a full marathon. I'll write a report for the *Gazette*.

Lloyd Denmark

Hospital Information

NEW INTAKE MEDICAL STUDENTS

Agarwal, Miss R. K.
Ahmad, Mr. S.
Ayers, Miss S. J.
Beadsmoore, Miss C. J.
Bessey, Miss D.
Bradley, Mr. T. J. R.
Brown, Mr. L. J. M.
Burt, Miss C. G.
Byrne, Mr. P. G.
Cade, Miss H. J.
Chan, Miss Y. E.
Chan, Miss Y. Y. S.
Chan Chang, Miss D. M.
Chang, Mr. T. C. R.
Chhaya, Mr. S.
Clapton, Miss R. E.
Cowley, Mr. E. J.
Currie, Miss A. D. M.
Damoa-Siakwan, Miss S. A.
Davies, Miss T. D.
Easton, Mr. P. J.
Eyears, Dr. J. M.
Ford, Miss J. A.
Forsythe, Miss S. L.
Fouque, Miss C. A.

Francis, Mr. I. S.
Frewer, Mr. J. D.
Gall, Mr. N. P.
Garstang, Mr. J. E.
Gaunt, Miss K. J.
Ghoorahoo, Mr. H. I.
Gibson, Miss E. E.
Giles-Gash, Mr. B.
Goodwin, Mr. M. W. P.
Grace, Miss T. E.
Griffiths, Mr. R. S.
Gupta, Mr. R. R.
Haq, Mr. M. I.
Haq, Mr. S. E. A.
Hardee, Mr. P. S. G. F.
Heeley, Mr. E. C.
Holden, Miss T. R.
Hopkin, Mr. S. D.
Howgrave-Graham, Mr. P. R.
Jacobson, Mr. T. Z.
Jain, Mr. S.
James, Miss A. M.
Johnstone, Miss N. C.
Jones, Miss R. D.
Kabir, Mr. J. M. A.

Khan, Mr. R. J. K.
 Kidd, Mr. R. J. G.
 Kumarappan, Miss S.
 Lam, Mr. G. K. D.
 Laurence, Mr. A. D. J.
 Lewis, Mr. S. G.
 Maisey, Mr. N. R.
 Martin, Miss H. M.
 Maynard, Mr. J. R.
 McKee, Mr. D. H.
 Mehta, Mr. J. R.
 Miles, Miss J. C.
 Miller, Miss F. N. A. C.
 Mosahebi-Mohammadi, Mr. A.
 Mudhar, Mr. H. S.
 Mughal, Mr. M. S.
 Nandi, Miss L. R. S. N.
 Norgate, Mr. D. A.
 O'Shaughnessy, Miss R.
 Panni, Mr. M. K.
 Parmar, Mr. D. N.
 Pasha, Mr. R.
 Pirzada, Mr. O. M.
 Prasad, Mr. B. P.
 Prosser, Miss R. E.
 Pryke, Mr. S. E. R.
 Pryse, Mr. J. G.
 Pullan, Mr. D. S. B.

Ray, Miss L. C.
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 Roberts, Mr. C. P.
 Rogers, Miss S. M.
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 Ryan, Mr. D. J.
 Sarfraz, Mr. Z. M.
 Savine, Mr. R. L. E.
 Scotland, Mr. W. R. L.
 Scott, Mr. R. J.
 Selmon, Mr. G. P. F.
 Sharma, Mr. N. K.
 Sharma, Mr. R.
 Siggers, Miss G. R.
 Skyrme, Mr. A. D.
 Smith, Miss D. J.
 Sollis, Miss M. E.
 Staffurth, Mr. J. N.
 Stanhope, Mr. B. G.
 Styles, Mr. D. J.
 Taylor, Mr. H. J. H.
 Tothill, Miss C. L.
 Townsend, Mr. R. M.
 Walford, Miss C.
 Watts, Miss B. L.
 Wells, Miss L. C.
 Woodcock, Miss J. F.
 Wu, Mr. E. B.

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Angelescu, Miss S.
 Atkins, Miss A. J.
 Bates, Miss C. S.
 Beecroft, Miss C. L.
 Boden, Mr. J. M.
 Borhan, Miss K.
 Boyland, Mr. P. J.
 Bradfield, Miss K. S.
 Butt, Miss Z.
 Cadwaladr, Miss A.
 Chandarana, Mr. S.
 Ching, Mr. Y-K. L.
 Chok, Miss Y. F.
 Clapp, Mr. A. J.
 Copson, Mr. P. D.
 Czepiel, Miss D.
 Davenport, Mr. N. J.
 Dixon, Mr. E. J. A.
 Dixon, Mr. P. J.
 Dooley, Mr. M. J.
 Doran, Mr. J. G. M.
 Dufu, Miss A. A.
 Earl, Mr. T. J.
 Evered, Miss F. M.
 Friedmann, Mr. M. E.
 Gillett, Miss J. E.
 Griffiths, Miss H. S.
 Guylar, Mr. G. G.
 Harris, Mr. G. R.
 Higham, Miss K. A.
 Hu, Mr. H. Y. E.
 Johnson, Miss N. C. L.
 Karunanayake, Mr. G. A.
 Kelley, Mr. S. S.
 Kennedy, Mr. P. J.
 Khanna, Mr. S.
 Kochhar, Mr. R.
 Leach, Miss H. A.
 Lees, Miss V. C.
 Lloyd, Miss R.
 Lovegrove, Mr. S. C.
 Macey-Dare, Miss L. V.
 Malde, Miss B.

McCullagh, Mr. J.
 McDonogh, Mr. T. P. S.
 McLaughlin, Mr. M. D.
 Meakin, Mr. J.
 Molloy, Mr. A. W.
 Murad, Mr. S.
 Murray, Mr. T. B.
 Nguyen, Miss A. N.
 O'Brien, Mr. T. P.
 Omell, Mr. N. S. E.
 Osborn, Miss H. J.
 Owen, Miss S. E.
 Oza, Mr. P.
 Page, Mr. J. R.
 Parmar, Mr. A.
 Pathmanayagam, Miss S.
 Peck, Miss E. D.
 Pirbhai, Miss M. M.
 Pourghadiri, Mr. M.
 Powell, Mr. D. R.
 Prater, Mr. B. J.
 Qureshi, Miss N.
 Rankin, Miss C. E.
 Rasmussen, Miss A. C.
 Ray, Miss P. J.
 Razaq, Miss S.
 Safiullah, Mr. S.
 Sarin, Miss S.
 Sarwar, Mr. M. N.
 Seal, Mr. G. J.
 Shah, Mr. M. A.
 Shirodaria, Miss S.
 Small, Mr. C. T. W.
 Smith, Mr. G. I.
 Sowerby, Miss N. J.
 Spedding, Miss C. A.
 Sprawson, Miss N. J.
 Swistak, Miss B. E.
 Tam, Miss O. W.
 Wong, Miss W. Y.
 Wright, Mrs. A. B.
 Zia, Mr. P. A.

PASS LIST

B.D.S. (London) Pass List July 1987

Allington, M. E.
 Brajkovic, P. P.
 Brink, T. D.
 Broughton, S. A.
 Carney, J.
 Cassar, P. J.
 Clemmence, N. J.
 Dodd, M. A.
 Dooley, P. A.
 Evans, J. A. C.
 Field, M. J.
 Georghiou, L. K.
 Hayes, K. T.
 Lomax, S. J.
 Lunness-Barnes, L. D.
 Maksymowycz, S. J.
 Morgan, C. D. P.
 Pal, A. K.
 Patel, S. N.
 Powell-Cullingford, A. W.
 Quinn, B. F. A.
 Reeves, A. O.
 Rough, M. J.
 Sarson, N. A.
 Shimmin, M. W. E.
 Srichandra, T.
 Suchak, M.
 Taylor, M.
 Warren, H. S.

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MARRIAGE

HENDERSON-TOMBLIN. The marriage took place on Saturday June 20th at St. Helen's Church, Bishopsgate between Dr. Richard Henderson (Guy's 1972-78) and Miss Jane Tomblin. Rev. Hugh Palmer officiated, assisted by Rev. Tom Preston. Rev. Prebendary Dick Lucas preached the sermon.

DEATH

ROBINSON, Alan A., B.D.S. On Friday 14th August at home, after a long illness. Husband of Mary and father of Sally, James and Heather.

PARK, Robert, L.D.S.R.C.S.Eng. (Guys 1947-1953) died at his home in Eastbourne on 18th July 1987 after a short illness.

CHANGE OF ADDRESS

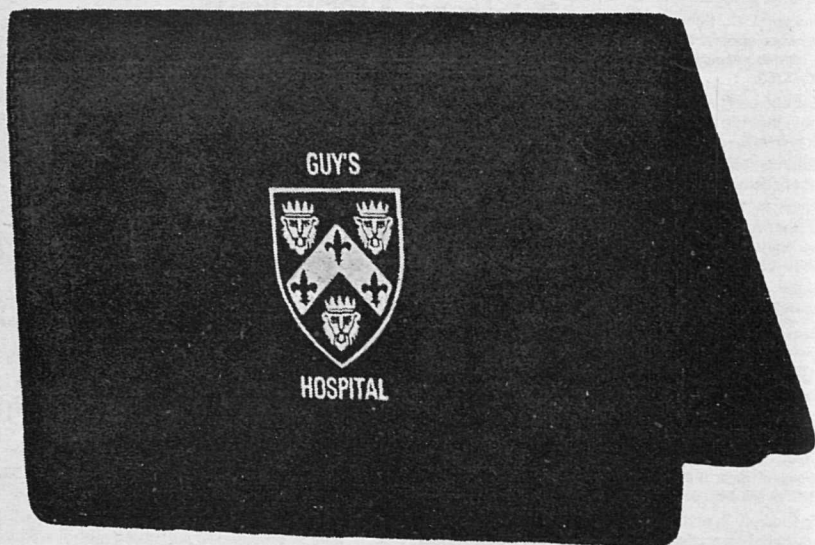
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